ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1
			-		

CERTIFICATE OF DEATH

13812

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY WASHINGTON MARYLAND MARYLAND WASHINGTON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUBAL and give negrest town) HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS WASHINGTON ON A FARM? COUNT 1109 WOODLAND WAY YES NO TH NAME OF 4. DATE Middle Month Year DECEASED ALTCE BLANCHE ADAMS MARCH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months Days Hours FEMALE WIDOWED | DIVORCED [7] 883 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOME MARYLAND U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN SUMAN ELIZABETH NEIMAN Address AGERSTOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (If yes, sive war or dates of service) MR. STANLEY MD. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Infarction, peaterblateral 7 hours. **DUE TO** Arteriosclerotic Heart Disease Indefinite Canditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Pvelitis, recurrent YES NO TX 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, 20d. INJURY OCCURRED (County) (Stote) _ _ factory_steet, office_bldg.,_etc.)_ While - - Not white of work of work 1054 May 25 Death 21. I certify that I attended the deceased fram, ____, 19__,that I last saw the deceased and that death accurred at 11:45 m, from the causes and an the date stated above. March 9 ADDRESS (Street, city or town, state) **DATE SIGNED** 3 - 11 - 60ACTUAL PHYSICIAN'S 318 North Potomac Street, Hagerstown NAME (Type) Robert F. Keadle 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) CHM. HAGERSTOWN 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

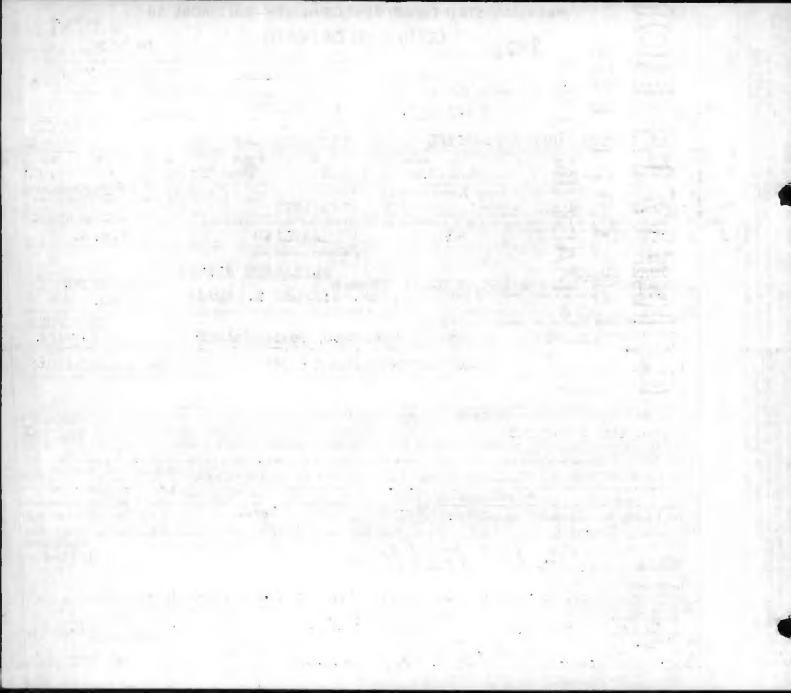
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Circling & House

0 VS A15 (4) 1SM 9/S8

FUNERAL DIRECTOR:

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VS A1S (4) 1SM 9/58

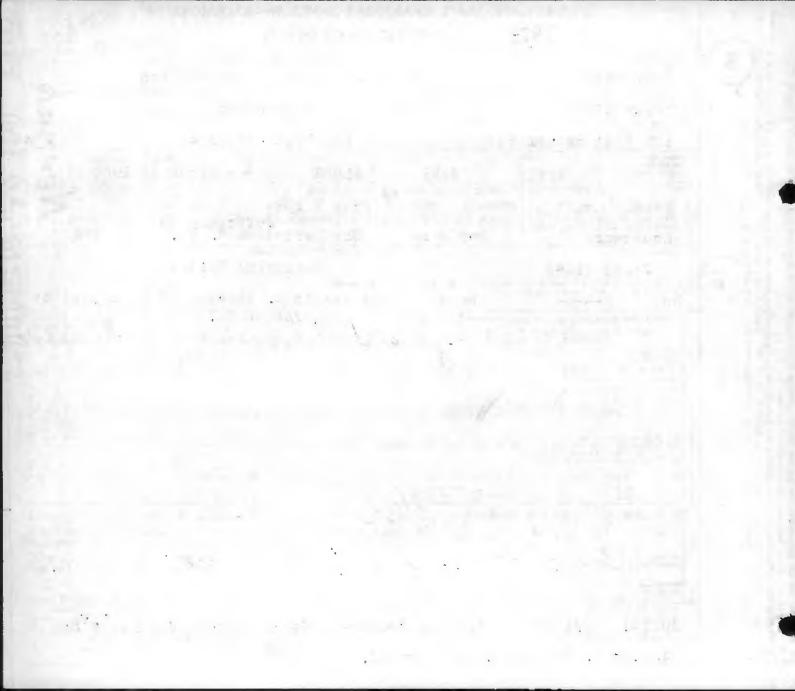
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3872

CERTIFICATE OF DEATH

8 (3813 Reg. Dist. No. 302

RURAL and give ne HAGETS d. NAME OF HOSPITI OR INSTITUTION 129 Web NAME OF DECEASED (Type or print) SEX	autside carporate limits, w arest town)	5 Yrs	03 Hage	Washing to: f outside corporate limits, write RUR Prstown	
OR INSTITUTION 129 Wes NAME OF DECEASED (Type or print) SEX	t Bether S		/		
DECEASED (Type or print) SEX			129 West	t Bethel St	e. IS RESIDENCE ON A FARM? YES NO
	E P P L L L L	JANE	ALDER	4. DATE Manth OF DEATH March 1	6 1 960 19
remale	white ww	MARRIED NEVER MARRIED	Feby 7 189	10st birthday) A	FUNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
during most of work Housewo	ing life, even it reffred;	Own Home	Shepherds	117	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME James	Alder		14. MOTHER'S MAIDEN	ganne Walter	
			Mrs Bessie 1	L. Thomas 248	So Locust \$t
gave rise to in cause (a), stating t lying cause last.	ny, which hammediate the under-	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	EMINAL DISEASE CONDITION GIVEN	PERFORMED?
	Y Month, Doy, Year	20d. INJURY OCCURRED 20d	PLACE OF INJURY (Hame, fo	orm, 20f. (City or town)	(Caunty) (State)
02 hd		ceased fram 3/1	oth occurred at 330		
BURIAL, CREMATION REMOVAL (Specify) BUTIAL FUNERAL DIRECTOR'S	3/19/60 S SIGNATURE	Elmwood Ce	metery She	C'D BY REGISTRAR 246. REGISTI	rar's SIGNATURE
	WAS DECEASED EVERS NO OF Unknown) IB. CAUSE OF DEA PART I. DEA Conditions, if or gove rise to ir cause (a), stating the lying cause last. PART II. OTH 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a.m., p. m. 21. I certify the alive on accident the light of the lying cause last. PASSIGNATURE PHYSICIAN'S NAME (Type) 0. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL FUNERAL DIRECTOR:	WAS DECEASED EVER IN U. S. ARMED FORCES: NO	WAS DECEASED EVER IN U. S. ARMED FORCES? NO (If yes, give wor or dates of service) IB. CAUSE OF DEATH [Enter anly ane couse per line for (b), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING (c) POR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year While at work at SIGNATURE 21. I certify that attended the deceased from and that de second states at the second states at	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT NO III. CAUSE OF DEATH [Enter anly ane couse per line for (b), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMORY THE EITHER, NOTIFY MEDICAL EXAMINER! 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMORY CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour a. m. p. m. 19 21. I certify that attended the deceased from at work at work at work and that death accurred at 2.3 actual signature PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY BUT18. 23d. ACTUAL SIGNATURE ADDRESS 24d. R	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. NONE INFORMANT INFOR



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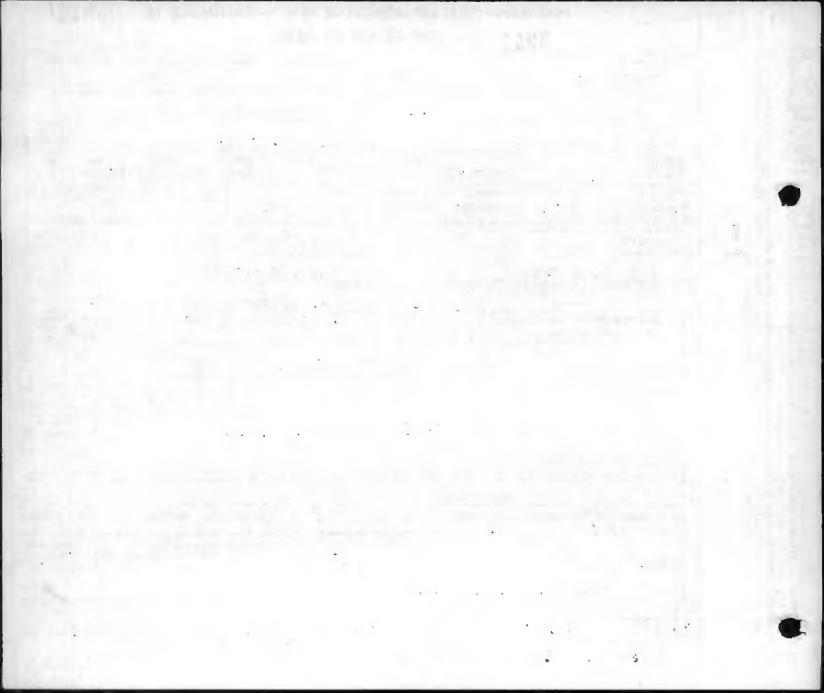
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ERTI	FICA	TE OI	F DEA	TH

03814

	3946	CERTIFICA	ATE OF DEATH	Reg. D	Dist. No. 302		
1. PLACE OF DEATH a. COUNTY		MARYLAND	2. USUAL RESIDENCE (Who STATE Laryland	ere deceased lived. If institution: Reside	ence before admission)		
b. CITY OR TOWN (If a	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RURAL and	give nearest town)		
Hager	- 1	3 Nos	X Hagers	town R # 6			
d. NAME OF HOSPITAL	L (If not in hospital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE		
Gateway	Conv Home		Middlebu	rg Pike	YES NO		
3. NAME OF DECEASED (Type or print)	First ESSIE FI	ORENCE A	NDREUS	4. DATE Month OF DEATH Narch 6	Day Year 1960 19		
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		R I YEAR IF UNDER 24 HRS		
Fenale	White wow	ED XX DIVORCED	July 34 188	1 78 yrs. Manths	Days Hours Min.		
	g life, even if retired)	Own Home		ove Wash Co 1d.	USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME			
John N	icodemus		Matilda	Rohrer			
15. WAS DECEASED EVER I	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT	Address			
(Yes, no, or unknown) (If	yes, give wor or dates of service)	None J	ames A. And	rews Hagerstown	Id.		
Conditions, if any gove rise to improve to improve the total markets of the lying couse lost.	mediate a under-	Drobites buell		NAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO		
20c. TIME OF INJURY Hour a. m.	19 While of wo	Not while for	ctory, street, office bldg., etc.)	,,,		
21. I certify that alive an	t I attended the decea	sed fram	accurred at 7A	M, fram the causes and an the ADDRESS (Street, city or John, state)	ast saw the deceased the date stated above DATE SIGNE		
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	3/8/60	22c. NAME OF CEMETERY OF ROSE Hill Ge		22d. LOCATION (City, town, or county)	(Stote)		
23. FUNERAL DIRECTOR'S		ADDRESS	24o. REC'I	D BY REGISTRAR 24b. REGISTRAR'S S			
Anninam	K CARTERN	lacerctown L		0 0 100 0 11 - 8	45		





FOR STATE EALTH DEPT.

Page files. Health, 30 0 ě reforned o MO SON ond 72 0 pern Should be forwarded FUNERAL DIRECTOR: designated

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES IN NO NAME OF Middle 4. DATE Month Yeor DECEASED (Type or print) Whon DEATH 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9. AGE Iln years IF UNDER TYPAR IF UNDER 24 HRS. WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of wasking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? DAIRY TARMER 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Iff yes, give war or dates of services EMONA INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DE 1. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate cause! **PUE TO** (o), stoting the underlying cause tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPS PERFORMED? YES P- NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture at injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, while Net white foctory, street, office bldg., etc.) 20f. (City or fown) (County) (State) Not while p. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection ... Inquiry apinion death resulted from: Notural causes ... Accident ... Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER IT EXAMINER'S NAME (Type DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. 22c. NAME OF CEMETRY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) MEMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR (246. REGISTRAR'S SIGNATURE arthur & Kraus DATE

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

CERTIFICATE OF DEATH

2010

Scott F. Minnich & Son, Smithsburg, Md. DATE

03816

	339	SA CERTIFIC	AIL OI DLA		4	Reg. Dist. No	0
1. PLACE OF DEATH o. COUNTY	shington	MARYLANI	2. USUAL RESIDENCE o. STATE		lived. If institution b. COUNTY	n: Residence bef	
b. CITY OR TOWN (IF RURAL and give ne-	outside corporate limits arest town)	write c. LENGTH OF STAY IN II		(If outside corpore	ate limits, write RL	IRAL and give n	earest tawn)
OR INSTITUTION	Nursing		d. STREET ADDRESS	5			e. IS RESIDENCE ON A FARM? YES NO 11
NAME OF DECEASED (Type or print)	Edith	Middle	Bachtell	4. DATE OF DEATH	Mar	ch 7,	19 60
female	au had the	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	Dant ZO	1973	9. AGE (In years lost birthday) 86 yrs.	Months Days	Hours Min.
0o. USUAL OCCUPATIO during mast of work	N (Give kind af wark do ing life, even if retired)	one 10b. KIND OF BUSINESS OR IN	Chewsv i		d.	12. CITIZEN C	OF WHAT COUNTRY
3. FATHER'S NAME	Daniel B	chtell	14. MOTHER'S MAIDE		arbara	Coss	_//
	R IN U. S. ARMED FORC If yes, give war or dates of ser	ES? 16. SOCIAL SECURITY NO.	George B. I	Bachtel	1, Hage		, Md.
	TH [Enter only one court H WAS CAUSED BY: IMMEDIATE CAUSE (a)	se per line for (o), (b), and (c).]	Vesecle	· loc	peac	e IN	TERVAL BETWEEN USET AND DEATH
Conditions, if or gave rise to in couse (o), stoting the lying couse lost.	nmediale (DIE TO	83		1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		,	-
Total Control	ER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH &	BUT NOT RELATED TO THETE	RMINAL DISEASE	CONDITION GIVI	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
O THE FITHER, NOTIFY	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRIBE HOW INJURY OCCUP	RED. (Enter noture of injury	in Port I ar Part	II of item 18.)		
20c. TIME OF INJURY Hour o. m.	Manth, Day, Year	20d. INJURY OCCURRED While Not while at work of work	PLACE OF INJURY (Hame, factory, street, affice bldg.,	farm, 20f. (City etc.)	or town)	(County	y) (State)
21. I certify the alive an The ACTUAL SIGNATURE	at lattended the company of the comp	fillon	M.D. Bo		the causes and	d an the dat	te stated abave
220. BURIAL, CREMATION REMOVAL (Specify) DUTIAL	3-9-60	THE PROPERTY OF COMMERCE	g Cemetery	Smi	ION (City, lown, o	, Md.	(Stote)
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	240 5	PECID BY REGISTE	PAR 24b. REGIS	TRAR'S SIGNAT	URE

MAR 1 0 '60

Chilma & King

VS A1S (4) 1SM 9/S8

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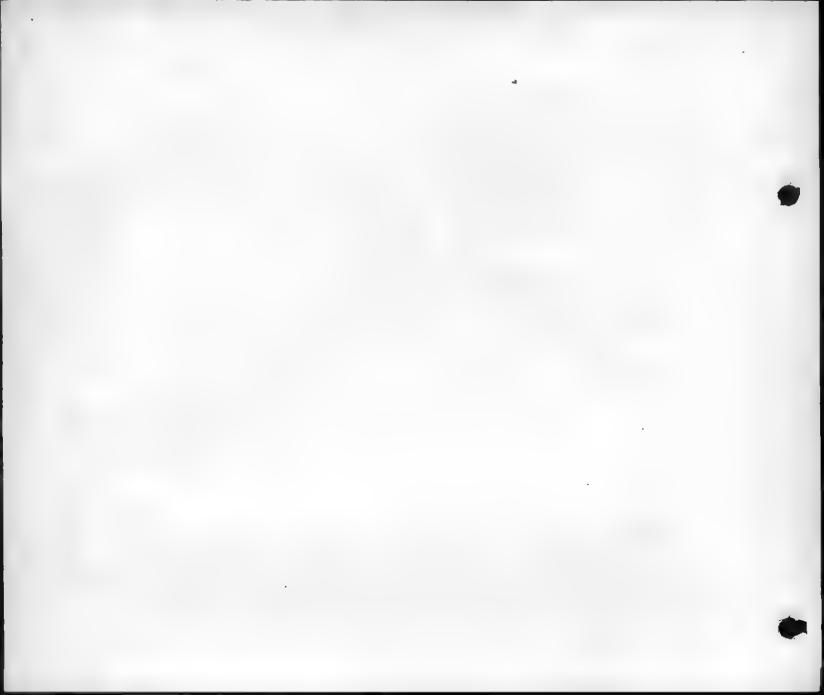
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

VR A15 (4) 1SM 9759

MARYLAND STATE DEPARTMENT OF HEALTH 3948 CERTIFICATE OF DEATH

03817

1, PLACE OF DEATH a COUNTY	2	USUAL RESIDENCE (Whe			before admission	ier)
WASHINGTON	MARYLAND	MARULAN	b. cou	VASHING	TON	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY IN 16	c. CITY OR TOWN (IF ou		ite RURAL and giv	e nearest town)	
FUNKSTOWN		FUNKS	TOWAL			
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	1	d. STREET ADDRESS		4.00	e. IS RESID	FARM?
TO WEST CHESTNUT ST.			HESTNOT .	5/1	YES [NO NO
DECEASED	Aiddle	-2	4. DATE OF DEATH 介入 () p	Month	,	nor .
(Type or print) ROBERT LEST	1-13	BAILEY				9 60
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER N	AARRIED 🔲 8. D	ATE OF BIRTH	9. AGE (In y		YEAR IF UNDER	Min.
THE TWELL	ORCED	AV-9-1882	77	yrs. 10 5	3	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USIN) during most of working life, even if retired)	ESS OR INDUSTRY	111 (BIRTHPLACE (Stote o	r foreign country)	12. CITIZE	NOF WHAT CO	DUNTRY?
KETIRED PRINTER HAGERSTOWN	DOCKBINGIA	L CHARLI	ES TOWN V	V-VA! (·S.A.	
13, FATHER'S NAME	1-	4. MOTHER'S MAIDEN NA	AME	•		
OFSSIE BALLEY		ALICE	HUNSICE	- 12		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	Y NO. 17. INFO	MANT		Address		
NA:	CLYE	PE BAILEY	HAGEIRSTO	MW MO	. 12.3	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), on				13.13.2.1.19	INTERVAL BET	
PART I DEATH WAS CAUSED BY: Ventricula	r fibrill	ation			minut	
1/ 1 O O DUE TO						0.0
Arteriosci	erotic H	eart Miseas	٩		Indefini	ite
gove rise to immediate (DUE TO						- 00
couse (o), stoting the <u>under</u> . Lying couse lost,						
, (6)	O DEATH BUT NO	T DELATED TO THE TERMIN	IAL DISEASE COMPITION	CIVEN IN PART	I WAS A	LITOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Generalized arteriosclerosis; 20c. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH 20c. ACCIDENT WAS UNDERLYING TO THE CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				O O O O O O O O O O O O O O O O O O O	PERFOR YES	NO A
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJU				3)	1	110
3 20c TIME OF INJURY Month Day, Year 20d, INJURY OCCURRE		OF INJURY (Home, farm,	20f. (City or town)	(Co	uniy)	(State)
Hour o. m. p. m. 19 at work at work		street_office_bldg etr.)	+			
21. I certify that (I) (this haspital) attended the deced	ased fram_8:	-27-57 19	Deatl	1, 19	, that (I) (w	re) last
saw the deceased alive an 3-15-80			M.Thath the cause	s and an the	date stated	abave.
220 SIGNATURE	1					DATE
West 4. Kand	lano.	ATTENDING MET	O. STAFF PHYS			SIGNED
PHYSICIAN'S Robert F. Keadle		22d ADDRES N. I	Potomac Str	reet, Ha	gerstov	vn, M
230 BUR.AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF	CEMETERY OR CI	REMATORY	23d LOCATION (City, to	iwn, or county)	(State	
BURIAL MARCHIZO. 1960 FLNK	STOYWY C	ENETER	FUNKSTOWN	WASH.	CO.MO.	
24 FUNBRAL PIRECTOR'S SIGNATURE ADDRESS	-10111			REGISTRAR'S SIGN		
Pale D. Bout Boons Be	ORD NI		AR 2 2 '60	arthur &	Krauge	
10,000	-1-0 110	1				



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2010

1	į į)	234	3	CERTIFIC	CATE OF DEA	TH		Reg. Dist.	No.	
-	1	LACE OF DEATH	Washingto	n	MARYLAN	2. USUAL RESIDENCE		d lived. If institution b COUNTY	Was		issian)
	r	CITY OR TOWN I	If autside carporate limits	s, write	c. LENGTH OF STAY IN 1	c. CITY OR TOWN		harpsbu		e negrest to	wn)
(-	d. NAME OF HOSPI	TAL (If not in haspital, gr	ve street	address)	d. STREET ADDRESS				e. IS R ON YES	FARM?
		NAME OF DECEASED (Type or print)	Adrian		Hezekiah	Baker	4. DATE OF DEATH	Man M	arch .	Doy 12,	Year 19 60
	5 5	male	make of the co	7. MARR	RIED NEVER MARRIED E	April 26,	1911	9. AGE (In years last bythday) 40 yrs	Months D	YEAR IF UN ays Havi	
	10a	during most of wor	king life, even if retired)		ement mfg.	Downsvi			12 CITIZE	NOF WHA	TCOUNTRY?
	13.	FATHER'S NAME	Oscar J. E	ake	r	14. MOTHER'S MAIDE	N NAME	Lottie	Gower		
	15. ' (Yes.	WAS DECEASED EVE . no, or unknown)	ER IN U. S. ARMED FORC (If yes, give war or dates of se		SOCIAL SECURITY NO. 16-07-1164	Mrs. Evel	yn Bak	er, Sha	rpsbu	rg, l	/id •
			ATH [Enter only one country ATH WAS CAUSED BY: IMMEDIATE CAUSE (d)			v occlusion				INTERVAL ONSET AN	BETWEEN ND DEATH DUT
		Canditians if a gave rise to i cause (a), stating lying cause last.	DUE TO			tic heart d	186886)		unkr	lown
0	CATION	PART II. OT	.) (9) HER SIGNIFICANT COND DNO	PITIONS O	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	PART I	PER	S ALTOPSY FORMED?
	CERTIF	200. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature of injury	in Part I ar Pa	rt II of item 1B.)			
	MEDICAL	20c TIME OF INJUI Hour a.m p.m.	RY Manth, Day, Yea 19	While		PLACE OF INJURY [Hame factory, street, affice bldg.,	farm, 20f. (Cit	y or town)	(Cor	unty)	(State)
		21. I certify that I attended the deceased fram March 12, 1960, to March 12, 1960 that I last saw the deceased alive an Dec. 24, 1958, and that death occurred at 6:10PM, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED									
1		ACTUAL SIGNATURE	1 1 7	11.2	1	M.D. 1 00 Pro	fessio	nal Art	s Bla	g 3/	/14/6
		PHYSICIAN'S NAME (Type)	Villiam T.	La	yman		Hagers	town, M	d.		
	22a	BURIAL, CREMATIC REMOVAL (Specify burial	3-16-6		22c. NAME OF CEMETER Green Lav	n Cemetery		TION (City, town, tolliamspo		id.	tale)
	-	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS .		EC'D BY REGIS		STRAR'S SIGN		
	S	cott F.	Minnich &	So.	n, Hagerst	own, Md. DATE	MAR 1 6	00	Irthur S.	Thank	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or removal, and in ony event within 72 haurs after death. SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Md.

Hagerstown

H

examiner,

medical

40

Reported

1 24 hours after death. Page 4

VS A15 (4) 15M 9/5B



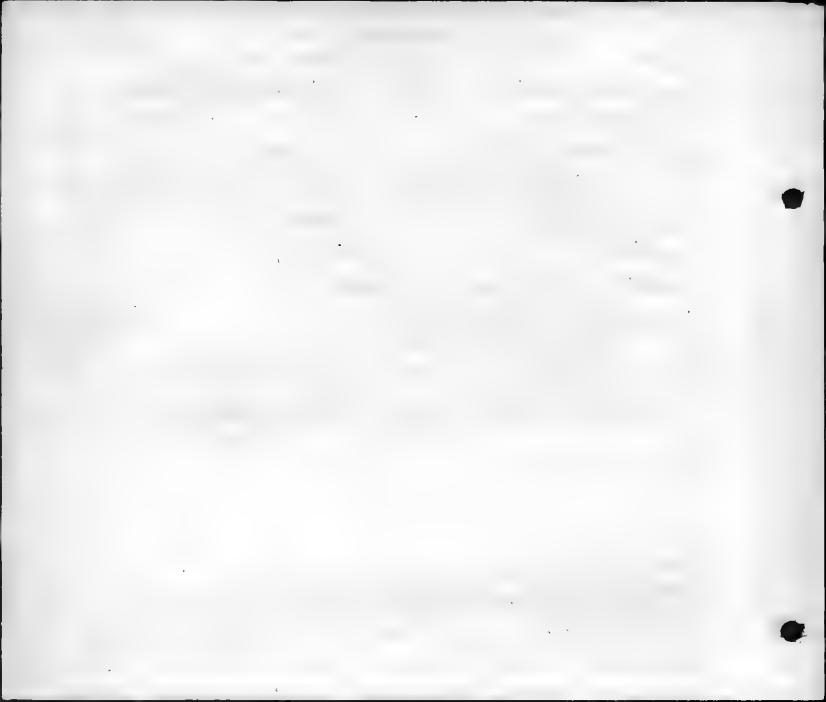
VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEPTIFICATE OF DEATH

o5c18

	3.	950	CERT	IFICA	TE OF I	DEATH			Reg. Dist. N	lo.	
1.	PLACE OF DEATH					DENCE (When	e deceased	lived. If institutio	nı Residence be	fore admissi	on)
L	o. COUNTY Washin	aton	MAR	TYLAND	o. STATE	Mary	and	b. COUNTY	Was	Linat	0h
Г	b. CITY OR TOWN (If outside corpora RURAL and give nearest lown)	limits, write	c. LENGTH OF STA	Y IN 16	c CITY OR	TOWN (III)	side corpora	te limits, write RU	IRAL and give I	nearest fawn)
_	Hagersto	wh	244	5		JUN	al_	Hager	stown	1	
	d NAME OF HOSPITAL (If not in hosp OR INSTITUTION	itol, give street	oddress) (/		/ d STREET A	DORESS	to #	40		e. 15 RESI ON A YES	DENCE FARM? NO [7]
3.	NAME OF	First	Middl	le	O los		4. DATE	Monil			eor
	DECEASED	h 4	Patho	rine	Barn	hant	OF DEATH	Marc	4 3	-	960
5.	SEX 6. COLOR OR	AZE 7. MARI	HED HEVER MARE	RIED 🔲	DATE OF BIRT	Н	- 9	AGE (In years lost birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.
1	emale Whi	WIDOW			· Ju vj	26, 18	75	846 yrs.	Months Doy		Min.
110	 USUAL OCCUPATION (Give kind of during most of working life, even if it 	work done 10b. etired)	// .		TRY LI BIRTHPI	LACE (Stole or	foreign cou	ntry)	12. CITIZEN	OF WHAT	COUNTRY?
13	FATHER'S NAME		Mouse Wo	x-15	14. MOTHER'S	SA/LO	TON C	s. Md.		13.14	
1	adla ch	0.4			FI	= 6.4	10	00	1		
	WAS DECEASED EVER IN U. S. ARMEI	FORCES? 16.	SOCIAL SECURITY N	O IZ II	FORMANT	- 9 00/1	1.4	Addre	Bra.E	0 1-	
(1	es, no, or unknown) (If yes, give war or do		Alone	Sha .	1 50.6	11	+	Roy to #	I Il	. A	- ky
-	18. CAUSE OF DEATH [Enter only	one couse per li	ne for (o), (b), and (c)-1	2. (2.54	14.50		0000	1	ITERVAL BET	WEEN
П	PART I. DEATH WAS CAUSED	BY:	Coron	rro	a lucio	on			0	NSET AND	DEATH
П	11160	UE TO									
Н	Conditions, if ony, which	(b)	Arthra	cler	otic ca	ordio.	-vasc	v <u>"</u> - '	;		
Н	gove rise to immediate (JE TO									
Н	lying couse lost.	(c)									
CERTIFICATION	PART II. OTHER SIGNIFICANT		CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE	CONDITION GIVE	EN IN PART 1(o)	PERFO	NO [
CERTIF	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM)	20b DES	CRIBE HOW INJURY	OCCURRED). (Enter noture o	of injury in Po	rt I or Port I	I of item 18)			
₹			NJURY OCCURRED	20e. PLA	CE OF INJURY	Home, farm,	20f. [City o	or town)	[Count	γÌ	(Stote)
MEDICAL	Hour o. m. p. m	19 Of wor	Not while	loc	lory, street, office	e blag , etc.)					
	21. I certify that I attended	the deceas	ed from 1-	10	0 19	. to		, 19	that I lost	sow the	deceosed
L	olive on		, ond the	t deoth		# mm #*	M, from	the couses a			
П	(1)	1 /2	. /			A	DDRESS (Stre	et, city or town, s	iote)	DA	TE SIGNED
П	SIGNATUR CLERKS	7. 14	Cano		A.D		يريد سائمانات سنده	, -}		-10)
	PHYSICIAN'S NAME (Type)		7			***		- No shallow - Now No displace also displace on	dan maka silih silah anan mar man maka silah silih si	pr film-rem salm skilardere skur-sam sple	
22	O- BURIAL, CREMATION, 225 DATE TO	HEREOF	22c. NAME OF CE	METERY OF	CREMATORY	2	2d LOCATIO	Oty (City, town, or	r county)	/ (Stole)
L	Burial 4-4-	1960	Z104 (Phil	Tery		Cear-	for5, U	lasking)	to Q	Md
23	FUNERAL DIRECTOR'S SIGNATURE		ADD REAS	4	110	24a. REC'D	. 34	104	TRAR'S SIGNAT		,
12	yesecu in, genu	The same of the	gune	rell	1/ " "	DATE	APR 6	04	arthur S.	Times	



e. IS RESIDENCE

USA

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO K

(State)

SIGNED

(State)

(County)

23d. LOCATION (City, town, or county)

Hagerstown Wash

2Sb REGISTRAR S SIGNATURE

Orthon & Kings

25g REC'D BY REGISTRAR

DATE MAR 1 5 '60

ON A FARM?

YES NO TK

Year

1960

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased ived. If institution, Residence before admission) o. COUNTY Washing ton MARYLAND Washing ton Maryland b CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) Hagerstown Dava Hagerstown d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 603 Wise St Western Md State Hospital First Middle 4. DATE Losi Manth DECEASED (Type or print) Harry LEE Barr DEATH M. 1712 CM 13 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Oat WIDOWED T DIVORCED [Male 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Employed Hagerstown Wash Co Md. Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katie Oster Frank Barr 15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 116. SOCIAL SECURITY NO. 17 INFORMANT Edgar L. Barr Boonsboro Md. R # No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobular preumonia bilateral **DUE TO** generalized caremomatosis Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the undercarcinoma of the roctum lying cause rast. CERTIFICATION PART HE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY O Hyperfension Essential
200, Accident Was underlying | 20b described or Contributing | Cause of Death | (If Either, Notify Medical Examiner) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, , 20f. (City or town) Day, Year 20d INJURY OCCURRED factory, street, affice bldg., etc.) While Nat while at work ot wark 21 I certify that (!) (this haspital) attended the deceased fram, March 10, 1960, to March 13, 1960, that (!) (we) last saw the deceased alive an March/13 19 60, and that death occurred at 44M, from the causes and an the date stated above 22a. SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS Victor L'. Kames 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) lictor Li Bamos western md. State Hospital,

23c. NAME OF CEMETERY OR CREMATORY

rose Hill

Cemetery

TO FUNERAL DIRECTOR: A

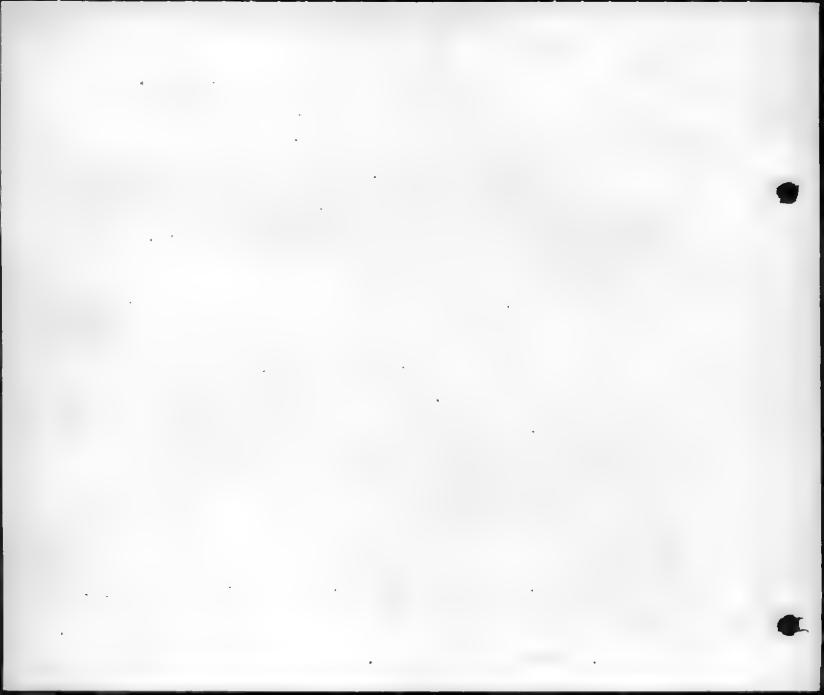
23g BURIAL CREMATION

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

23b. DATE THEREOF

Andrew K. Coffman Hagerstown wd.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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7	-		

CERTIFICATE OF DEATH

Washington B CITY OR TOWN III dualide corporate limits, write a LENGTH OF STAY IN 15 B LOTTOR TOWN III dualide corporate limits, write a LENGTH OF STAY IN 15 B LOTTOR TOWN III dualide corporate limits, write a RUBAL and give necessal town Hagerstown Md. 10yrs 3 Hagerstown Maryland d NAME OF HOSPITAL III for in heaping, give street oddens) Washington County Hospital 2 W. Antéctam St. S SEX 6. COLOR OR RACE MARPED NEVER MARRIED STAY IN 15 S SEX 6. COLOR OR RACE MARRIED NEVER MARRIED STAY IN 15 S SEX 6. COLOR OR RACE MARRIED NEVER MARRIED STAY IN 15 S SEX 6. COLOR OR RACE MARRIED NEVER MARRIED STAY IN 15 S SEX 6. COLOR OR RACE MARRIED NEVER MARRIED NEVER MARRIED STAY IN 15 S SEX 6. COLOR OR RACE MARRIED NEVER MARRIED NEVER MARRIED STAY IN 15 S SEX 6. COLOR OR RACE MARRIED NEVER MARRIED NEVER MARRIED STAY IN 15 S SEX 6. COLOR OR RACE MARRIED NEVER MA		7 1	PLACE OF DEATH o. COUNTY						2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)					
Hagerstown Ma. Hagerstown Maryland Hagerstown Maryland		ĺ '							Maryland b. COUNTY Washington					
A SAME OF HOSPITAL (If not in hospinal) give street oddress) A STREET ADDRESS A SAME		t	CITY OR TOWN (IF	outside corporate limi prest town)			1b						ve neares	t town)
Washington County Hospital Name of Strip			Hagerstown Md.			- A	10	- Partie		rstow	n Mary	land		
Washington County Hospital Name of Strip		(NAME OF HOSPITA	L (If not in hospital, g	oddress)	1	d STREET AD	DRESS				e.	IS RESIDENCE ON A FARM?	
Dessie Marie Bennett Déath 3 1 960 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED S. DATE OF BIRTH 10 USAA OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHALE (Stote or foreign country) 10 USAA OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHALE (Stote or foreign country) 11 Hancock Markland 12 CRIZERO FWHAT COUNTRY? Hancock Markland 13 FABRES NAME 14 MOTHER'S MANDEN NAME 15 JOhn W Ingram 15 WAS DECRASED EVER IN U. S. ARMED FORCES? (In. SOCIAL SECURITY NO 17 INFORMANT NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: (b) WIND COUNTRY OF COUNTRY OF COUNTRY IN INTERVAL BETWEEN COUSE (o), toling the under to the markland of the couse (o), toling the under. (b) 10 ACCIDENT WAS UNDERSYNO D 10 OF CONTRIBUTING TO OPATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? (TS) IN OPATH COUNTRY OF COURSED (SIGNATURE) 10 ACCIDENT WAS UNDERSYNO D 11 OF CONTRIBUTING TO OPATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? (TS) IN OPATH COUNTRY OF COURSED (SIGNATURE) 10 ACCIDENT WAS UNDERSYNO D 11 OF CONTRIBUTING TO OPATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? (TS) IN OPATH COUNTRY OF COURSED (SIGNATURE) 10 ACCIDENT WAS UNDERSYNO D 11 OF CONTRIBUTING TO OPATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? (TS) IN OPATH COURSED (SIGNATURE) 10 ACCIDENT WAS UNDERSYNO D 11 ACCIDENT WAS UNDERSYNO D 12 ACCIDENT WAS UNDERSYNO		WE									ES NO X			
Sex		3. I	NAME OF DECEASED	Fie	st			Last		OF		onth	Day	Yeor
To USUAL OCCUPATION Give lind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) 12. CHIZEN OF WHAT COUNTRY HOUSEWITE 13. BIRTHPLACE (Store or foreign country) 12. CHIZEN OF WHAT COUNTRY HOUSEWITE 13. MAKE DECREASED FREE IN U. S. ARMED FORGES 14. SOCIAL SECURITY NO 17 INFORMANT 15. WAS DECREASED FREE IN U. S. ARMED FORGES 14. SOCIAL SECURITY NO 17 INFORMANT 18. WAS DECREASED FREE IN U. S. ARMED FORGES 14. SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (c), (b), and (c). 18. CAUSE OF DEATH [Enter only one couse per line for (c), (b), and (c). 18. CAUSE OF DEATH		(Type or print)			214		Benne	tt	DEATH	3		1	., .,
DO USLAN OCCUPATION Gree hind of work done lob. KIND OF BUSINESS OR INDUSTRY II. BIRTHFLACE (Sinter or foreign country) Hancock Marysland U.S.A. 12. CHIZEN OF WHAT COUNTRY? Hancock Marysland U.S.A. 13. MAS DECEASEDERER IN U. S. ARMED FORCES? 14. MOTHER'S MAIDEN NAME Lydia Younker 15. MAS DECEASEDERER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT NONE Lydia Younker 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c). PART I. OEATH WAS CAUSED BY: HARD OD DUE TO Conditions, if any, which gove rise to immediate couse (a), stringthey assets of the couse (b), stringthey assets of the couse (a), stringthey assets of the couse		5 S	EX	6. COLOR OR RACE	7 MAR	RIED NEVER MARRIED	□ B. D	ATE OF BIRTH		9	. AGE (In years			¥
Hancock Maryland U.S.A. 13 FATHER'S NAME JOHN WIngram 15. MAS DECASSED YER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT NO NO LYDIA A Bennett 21 W Antietam St INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INDEDITED TO DUE TO Conditions, if only, which gove rise to immediate couse (o), stoling the under tying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 PP PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 PP PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 PP PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 PP PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 PP PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 PP PERFORMANCE TYPES COURSE OF THE TOTAL CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 PP PERFORMANCE TYPES CONTRIBUTING CAUSE OF DEATH OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 PP. WAS AUTOPSY PERFORMANCE TYPES CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 PP PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 PP PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 PP PERFORMANCE TYPES CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 PP PERFORMANCE TYPES CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 PP PERFORMANCE TYPES CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 PP PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 PP PART II. OTHER SIGN			F	AA	WIDOW	ED N DIVORCED	□ 0	ct.49	.18	80			Adys I	iours Min.
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John W Ingram 15. WAS DECASED EVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO 17 INFORMANT None Lydia A Bennett 21 W Antietam St Internation of windows If you gree word done of services None	1.							Hand	ock	Mary.	land		U.S	.A.
S. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).		13	FATHER'S NAME		-		1	4. MOTHER'S	AAIDEN N	IAME				
S. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).			John V	Ingram				Lydia	You	ınker				
NO None Lydia A Bennett 21 W Antietam St INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. HIMBOLIATE CAUSE (o) LUCK PULM PART I. DEATH WAS CAUSED BY. HOSET AND DEATH J ROLL FOR AND D		15.				SOCIAL SECURITY NO	17 INFO	THAM			Ad	dress Har	1000	k Md.
PART I. DEATH WAS CAUSED BY: HADO DUE TO		(1.4.	4.00	r yes, give war or doins or i	51 4 100)	None	Lydi	a A Be	nnet	tt 21	W Ant	ietam	St	
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DUE TO Solid State The Total Control of the Under State			PART I. DEATH WAS CAUSED BY: Cheste pulmon are Return										1 hour	
DUE TO Solid State The Total Control of the Under State			420,0 DUE TO											
DUE TO Solid State The Total Control of the Under State			Conditions, if any, which) Arter Eade beso the Atrant Prices										Mu	De miles
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PERFORMED PERFORMENTAL PERFORMENT		z	/ (6)								IVEN IN PART	PART 161 19 WAS AUTOPSY		
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21 I certify that (I) (this hospital) attended the deceased from. 21 I certify that (I) (this hospital) attended the deceased from. 22 I certify that (I) (this hospital) attended the deceased from. 23 I certify that (I) (this hospital) attended the deceased from. 24 I certify that (I) (this hospital) attended the deceased from. 25 I certify that (I) (this hospital) lost saw that (I) (the) lost saw the deceased alive on			OR CONTRIBUTING	CAUSE OF DEATH	adb. Geg		.04420. (1							
21 I certify that (I) (this hospital) attended the deceased from. 21 I certify that (I) (this hospital) attended the deceased from. 22 I certify that (I) (this hospital) attended the deceased from. 23 I certify that (I) (this hospital) attended the deceased from. 24 I certify that (I) (this hospital) attended the deceased from. 25 I certify that (I) (this hospital) lost saw that (I) (the) lost saw the deceased alive on		Š		Month, Doy, Ye							or Iown)	(Co	ounty)	(Stote)
saw the deceased alive on		MEC		19			,	,,	D.09., 0.0.	1				
saw the deceased alive on			21 I certify that	(I) (this hospita	l) atten	ded the deceosed fr	om	8-	5 194	47 ta_	3-	1 1960	2, that	(I) (we) lost
220 SIGNATURE Che History Che History Color C			Ť		44.005	_				0				
22c Phys Clans 22d Address			220 SIGNATURE											22b DATE
22c PHYS CIANS NAME (Type) John H. Hornbaker, M.D. 23d BURIA, CREMAT ON. 23b, DATE THEREOF REMOVAL (Specify) Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 22d, ADDRESS 154 West Washington St., Hagerstown, Md. 23d LOCATION (City, town, or county) Warfordshurg Fulton, Penna 25d REC'D By REGISTRAR 25b RE			40	hu Itoti	mb	nuker	M.D		IX) ME	PECTOR	STAFF PHYS			
John H. Hornbaker, M.D. Hagerstown, Md.	/							22d, ADDRES	s 1	54 Wes	t Washi	ngton :	St	الالالالالالالالالالالالالالالالالالا
23d BURIA. CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR XXXXIVER 23d LOCATION (City. town, or county) (Store) REMOVAL (Specify) 3.11.60 Rehobeth Methodist Warfordshurg Fulton Penna 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25d REC'D BY REGISTRAR 25b REGISTRARS SIGNATURE			TANKE (Type)	John H. H	lornb	aker M.D.								
REMOVAL (Specify) Burial 3.4.60 Rehobeth Methodist Warfordshurg Fulton Penna 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR'S SIGNATURE		23a	BURIAL, CREMATION				RY OR X	KANA						(Store)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE			REMOVAL (Specify)			Rehohath	Math	0414		Wenf	and ohu	and That	ton	
Here The I It a House and DATE MAR 9 '60 arthur S. Krans		24					TIN ST		25a REC'I			SISTRAR'S SIGI	NATURE	, remina
		1.	LENG THE	2 21	. 0.	Hanceal	w	0	DATE MA	AR 9 '6	0 0	Irlhun S.	trans	ı

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a law after death. Page 4 be rehained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate as a man signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shau dibe filled with the State Board of Health prior to burial, cremation, or remayal, and in ony event, within To France, other death. VR A15 (4) 15M 9/59



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VR A15 (4) 15M 9/59

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03821 CERTIFICATE OF DEATH

	3825	CERTIFICA	TE OF DEATH	*	
	PLACE OF DEATH COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Marylar	ere deceased lived. If institution: Reside nd b COUNTY Wa	shington
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Hagerstown	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If or Hagers	utside corporate limits, write RURAL and	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Washington County Hospita		/ d. street address 58 Elizabet	e is residence on a farm? YES NO X	
3	NAME OF DECEASED (Type or print) ALDRIDGE	BARD IN	BOND Lost	4. DATE Month OF DEATH March	Doy Yeor 27 19 60
4	male 6 COLOR OR RACE 7. MARR WIDOWS		July 18, 189	last birthdoy) Months	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
		ity Employee	Harpers F	erry, W. Va. U	S.A.
1	John Mathias Bond		14. MOTHER'S MAIDEN N	ie Mobley	
ī	Yes, no or unknown) (If yes, give wor or dates of service)		FORMANT	Address Turner Hagerstown	. Maryland
- 1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED NJURY OCCURRED Not white of work	thur. (Port I or Part II of item 18.1	ONSET AND DEATH ONSET AND DEATH
.11	saw the deceased alive an fall (220. SIGNATURE). 220. SIGNATURE 220. PHYSICIAN'S NAME (Type)	M, fram the causes and on the physics of the physic	ne date stated above		
ı	30. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Burial 'Surfeat Director's HGMATHRETAL Home R. Flanklin Pourse	Rest Haven C ADDRESS Hagerstown, M	cmetery 250 REC'I	D BY REGISTRAR S S	yland SIGNATURE



24 haurs after death. Page 4

SHITAE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

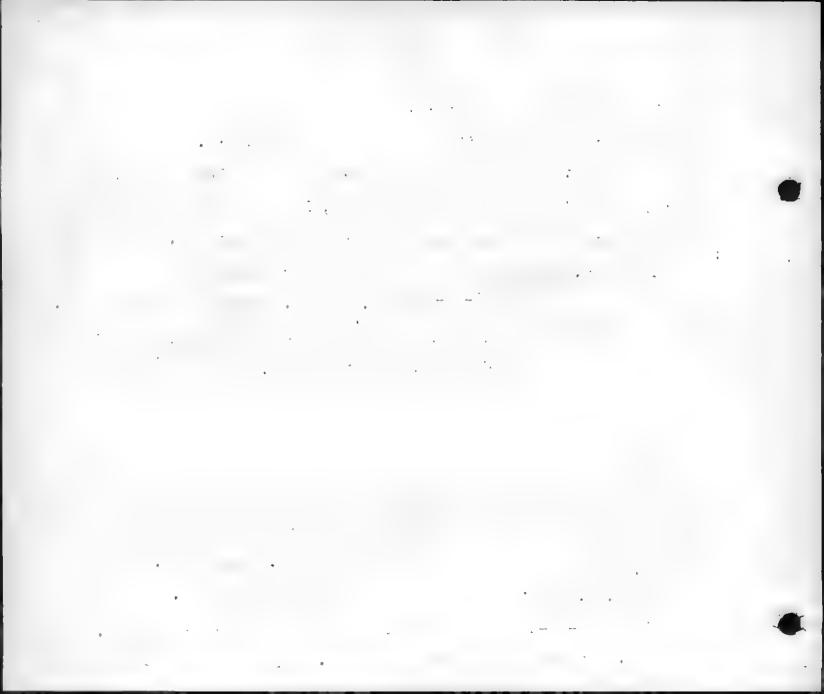
3876

CERTIFICATE OF DEATH

03822

Reg. Dist. No.

	o. COUNTY Washington	MARYLAND 2. USUAL RESI	Maryland b. COU	Washington						
			TOWN (If outside corporate limits, wr							
1	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Washington County Hospital	d. STREET	9	e. IS RESIDENCE ON A FARM? YES NO						
	3. NAME OF DECEASED (Type or print) Illewella Mi	Middle Lox Bowers	4. DATE OF DEATH March	Month Day Year 10 1960						
1	s. sex 6 COLOR OR RACE 7. MARRIED 1 M	NEVER MARRIED B DATE OF BIRT	1879 9 AGE (In y lost birthd	ears IF UNDER 1 YEAR IF UNDER 24 HRS oy) Months Days Hours Min						
	Oa. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) House work Own		ACE (State or foreign country) Bridgeport Md	12. CITIZEN OF WHAT COUNTRY?						
	George W. Bowers		maiden NAME garet Flora							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL [Yes, no, or unknown] (If yes, give wor or dates of service) 207-0	security no. INFORMANT 19-0545/irs. Cora	L. Cummins S	Address harpsburg Rt. 1						
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY INTERVAL BETWEEN ONSET AND DEATH TO WITH THE PROPERTY OF THE PROP									
`)	200. ACC DENT WAS UNDERLYING 1 206 DESCRIBE HO OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DW INJURY OCCURRED. (Enter noture of		YES NO M						
	Hour o. m. 19 While No at work of	t while foctory, street, officework	bldg , etc.)	(County) (State)						
,	21. I certify that I attended the deceased framative an I May 1964 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) F' F LUS by	, and that death accurred at	., IU							
	220. BUR AI, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 3-14-60 Res	AME OF CEMETERY OR CREMATORY THE HAVEN CEMETE	22d LOCATION (City, to	own, or county) (Stote)						
		lagerstown Md.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REGISTRAR'S SIGNATURE						



03823

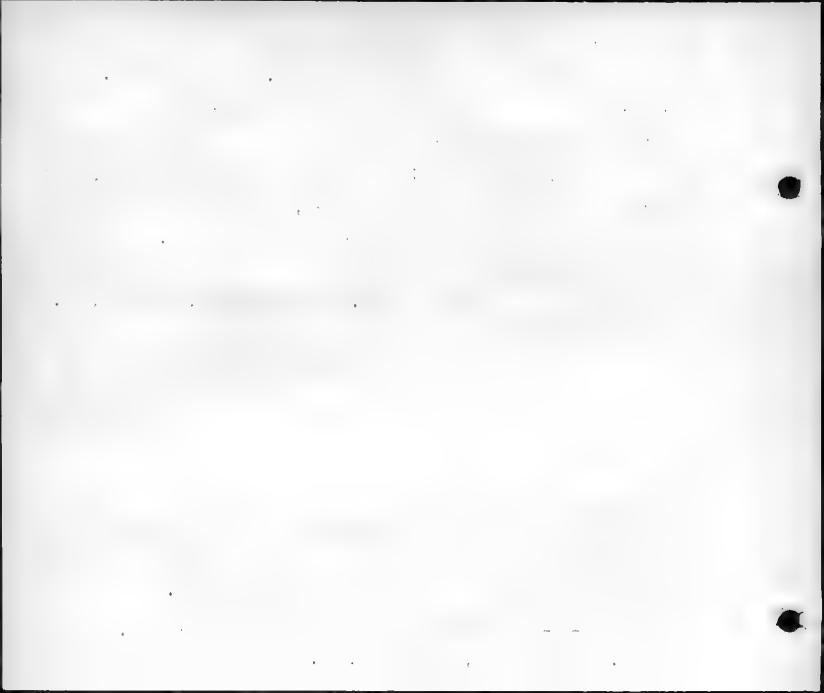
3877

CERTIFICATE OF DEATH

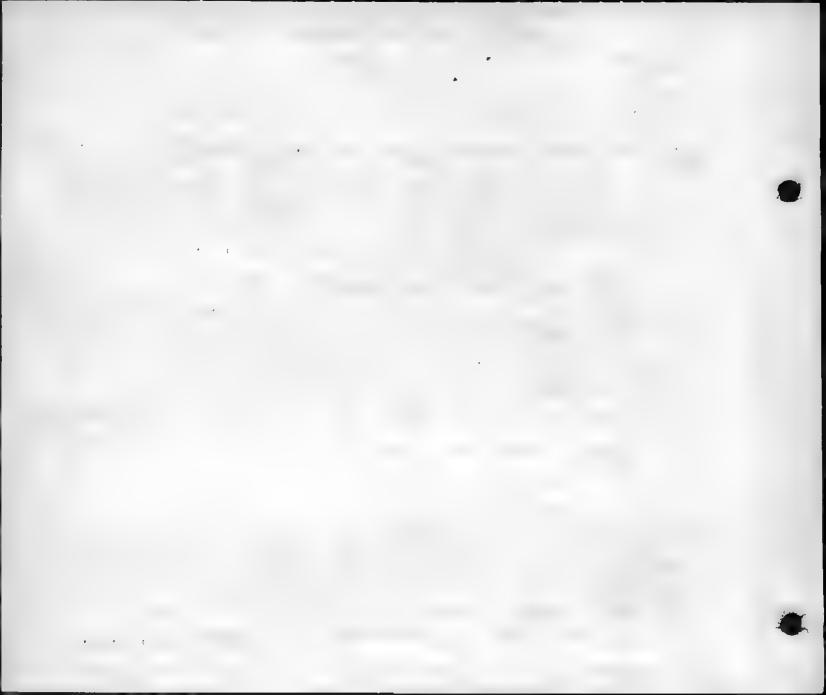
Pen Diet No.

-						keg. Dist. 140.			
1	DLACE OF DEATH	ashington	MARYLAND	2. USUAL RESIDENCE (WHO D. STATE Md	nere deceased lived. If institution b. COUNTY	Residence before admission)			
	b CITY OR TOWN (IF RURAL ond g ve neo Hagerst	outside corporate timits, write irest town) OWN	2 days	c CITY OR TOWN (IF a	IRAL and give nearest town)				
1	d. NAME OF HOSPITA OR INSTITUTION Washing	L (If not in hospital, give street ton County E	oddress) Iospital	d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM? YES NO			
3	NAME OF DECEASED (Type or print)	Margaret	Alice	Bowman	4. DATE Month OF DEATH MA 1	ch 12, 1960			
	female	6. COLOR OR RACE 7. MAR WIDOW	ED DIVORCED		B76 83 yrs	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min			
	house	ng life, even if retired)	. KIND OF BUSINESS OR INDU	Pleasant	Valley, Md.	12. CITIZEN OF WHAT COUNTRY?			
13	3. FATHER'S NAME	Solomon Smit	th	14. MOTHER'S MAIDEN N	Margaret	Reynolds			
	S. WAS DECEASED EVER	IN U. S ARMED FORCES? 16.		NFORMANT	Addres				
Ĺ	no	yes, give ever or oures or service	none M	rs. Goldie	Delauter, Cav	retown, Md.			
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Core by all the most have ONSET AND DEATH AX HYS. 33/X DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoling the under- lying couse lost. [b) Greneralized Axterios Elerosis BUE TO [c]								
CERTIFICATION	PART II OTHE	inal disease condit.on give	N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO						
		UNDERLYING TO 206. DEST	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in (Port I or Port II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	While	Not while for	ACE OF INJURY (Home, form tory, street, office bldg., etc.	1, 20f. (City or town)	(County) (State)			
	21. I certify the alive on	at I attended the deceon			_	on the date stated obove. DATE SIGNED 3 - 14-60			
	Bullyere a sure	harles Hess		Smit	hsburg, Md.	w			
22	POR BURIAL, CREMATION REMOVAL (Specify)		22c NAME OF CEMETERY O	_	22d LOCATION (City, fown, or	county) (Stote)			
23	Durial I. FUNERAL DIRECTOR'S	3-15-60 SIGNATURE	Smithsburg		Smithsburg, D BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE			
			on, Smithsbu			Lua S. Kruna			
	200000000000000000000000000000000000000								

10 VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Andrew K. Coffnan Haherstown Md.

03825

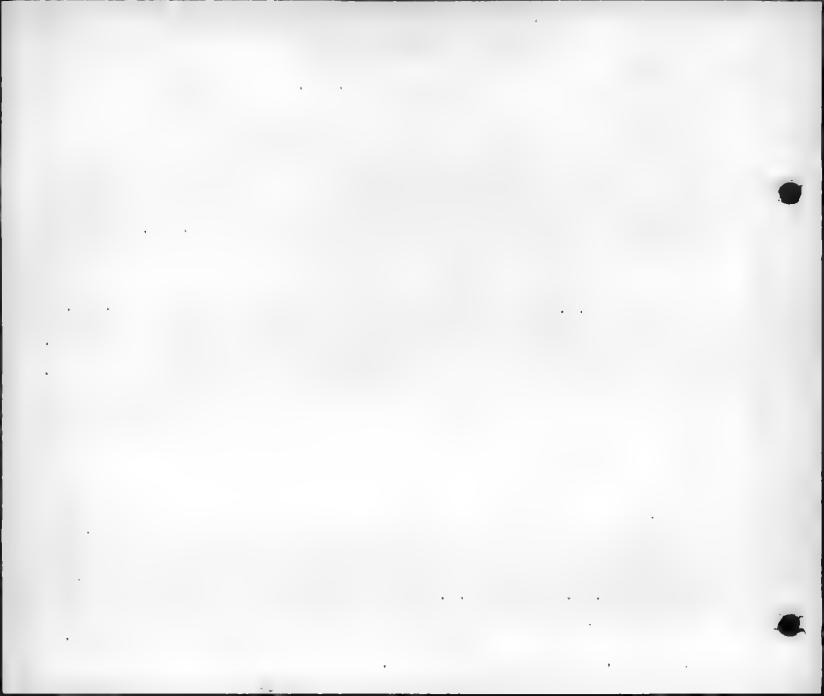
302 Rea. Dist. No.

arthur S. Kraus

DATE MAR 2 8 '60

_											
1, [PLACE OF DEATH	100		2 USUAL RESIDENCE (Who	ere deceased lived. If institution, Residence	e befare admission)					
	mashing to	n	HARTSANS	W. Va. Berkley							
	 CITY OR TOWN (If a RURAL and give near 	utside corporate fimits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporate limits, write RURAL and gi	ve nearest town)					
	Hagerst		5 Days	Martins	Martinsburg R# 4						
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
	Wash C	ounty Hospit	tal	Route #	11	YES NOTE					
	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year					
		SCAR	GOLD	BUSEY	DEATH March 22 1	960 19					
5	SEX 6	. COLOR OR RACE 7 MARE	HED NEVER MARRIED	8. DATE OF BIRTH		YEAR IF UNDER 24 HRS					
	Male	White widow	DIVORCED	May 19 189	3 last birthdoy) Manths	Days Hours Min.					
100	. USUAL OCCUPATION	(Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole	or foreign country) 📆 V812 CITI	ZEN OF WHAT COUNTRY					
	Antique		Retired	Gerrardst	own Berkley Co	USA					
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME						
	Willis	Busey		Anna Pa	ge						
	WAS DECEASED EVER I	N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	Address						
178	Yes	W. W. # 1 32	30-18-0257	irs Cora Wal	ker Martinsburg	W. Va.					
		Enter only one couse per lie	ne for (a), (b), and (c).]	R## poute	11	INTERVAL BETWEEN					
	PART I. DEATH	WAS CAUSED BY	Acute Coron			ONSET AND DEATH					
A DIE TO											
	Arteriosclerotic Heart Disease										
	gove rise to immediate										
		couse (a), staring the unger-									
z		(c) R SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY					
ATIC			Influenza			PERFORMED?					
IFIC	20a ACCIDENT WAS	UNDERLYING [7] 20b. DES		ED (Enter nature of injury in P	Cort Lor Port II of item 18)	LES LI HORS					
CERTIFICATION	OR CONTRIBUTING [CAUSE OF DEATH		()							
CAL	20c. TIME OF INJURY	,,,		LACE OF INJURY (Home, form,	20f. (City or town) (Ci	ounty) (State)					
MEDICAL	Hour o.m.	19 of wor	1476 AULUS	actory, street, affice bldg., etc.	1						
	21. I sertify that	I attended the deceas	ed from March	19 60 to Ma	rch 22 1060 that Lk	ast saw the decease					
	olive on Ma	rch 21 /19	60 and that deat		M, from the causes and an th	e date stated above					
	/				ADDRESS (Street, city or town, state)	DATE SIGNE					
	ACTUAL SIGNATURE	M. Ve Jugan	2	40 Pro	ofessional Arts	Building					
						3/23/60					
	PHYSICIAN'S W	. T. Layman	, M.D.	Hagers	town, Maryland						
220	BURIAL CREMATION,	22b. DATE THEREOF	22c NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, fown, or county)	(Stole)					
	REMOVAL (Specify) Burial	\$ /24/60	Rest Haven	Cemetery	Hagerstown Wash	Co Md.					

VS A15 (4) 15M 10/57





CERTIFICATE OF DEATH

Falls Road

4 で毛 。			1001	
Poge director			PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. STATE 35
S eg b	HII		Washington	o State Maryland b. COUNTY Washington
eral be fi			b. City OR TOWN (If outside corporate limits, write. c. LENGTH OF STAY IN 1	b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
			RURAL ond give neorest town) Hagerstown 13 years	Hagerstown
ofter di the fun shauld	, e e		d NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESID ON A F.
by d	1/	1	Jackson Convalescent Home	/839 Woodland Way
2 5 5 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		4	NAME OF DECEASED (Type or print) MARTHA First M ddle ALV ERTA	CHAMBERS 4. DATE Month Doy Yes
Pag fr	3	S	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER Industry Ind
ed v			female white widowed Divorced	
comp pope		10c	 USUAL OCCUPATION (G've kind of work done during most of working life, even if retired) 	DUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT CO
d c hou			Housewife	Baltimore Co., Md. U.S.A.
be on or		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
c'ar c'ar thin			William Fuhrman	Mary Jane Frank
ifice hysi hove t, wi			WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	7 INFORMANT Address
certificate ig physiciar remove co		{Yn	no. oc unknown) (If yes, give war or dates of service)	Arthur F. Chambers Hagerstown, Md
		=	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	INTERVAL BETV
ded ther			PART I, DEATH WAS CAUSED BY. Complexed + James	ONSET AND D
that the death by the attendir it. Then please			IMMEDIATE CAUSE (a) OCTOURAL OFFICE	ADDOS 15 2 yr
hat y #			50 de X DUE TO	
es the second			Conditions, if ony, which to Cerebral arte	riosclerosis Indefi
gne			cause (a), stating the under-	
ian.		.,,	lying couse lost. (c)	
ysic ysic bee tra		FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AU PERFORM
he ph has rial	0	S		YES 🔲
AN: T anding icote I the buil		CERT F	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture af injury in Port I ar Port II af item 18)
otto otto as urio		CAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f (City or town) (County)
HY 0 20 0 20 0 20 0 20		MEDICAL	Hour o. m p. m, 19 While Not while of work of work	factory, street, affice bldg., etc.)
Prital rate		≥		Novi
Afte ed			21 I certify that (I) (this haspital) attended the deceased from	m. Nov. 19 52 to Parch 28, 1960, that (1) (w.
he le la character ach			saw the deceased alive on 1.2rch 1419 60 and tha	
del del			220 SIGNATURE	ATTENDING MED STAFF
PR ed led be	1		22c PHYSICIAN'S	M.D. PHYS IX DIRECTOR L PHYS L 3/28/60
retain RAL DI Shauld Boor	- 1		NAME (Type) B. B. Kneisley, M.D.	148 West Washington Street Hagerstown harvland
Stote Stote		230	BURIAL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETER	Y OR CREMATORY 23d LOCATION (City, town, or county) (State)
5 go at	0		Burial March 30, 1960 St. Marv's	(Hampden) Baltimore, Maryland
D 0 ==	-		Filtrania programme and the second se	OF THE PROPERTY OF THE PROPERTY OF

03827

	e. 15 RESIDENCE ON A FARM? YES NO 🔀
March	th Day Year 28 19 60
AGE (In years last birthday) 89 yrs	Months Days Hours Min
ntry)	12 CITIZEN OF WHAT COUNTRY?
1d	U.S.A.
Frank Addit Hagerst	
nagerso	INTERVAL BETWEEN ONSET AND DEATH 2 yr
	Indefinit
	YES NOTE NOTE OF THE PROPERTY
I of item 18)	
or town)	(County) (Stote)
	, 1960, that (i) (we) last
	d an the date stated above 22b, DATE
STAFF	3/28/6.0 Street
STAFF	3/28/6.0 Street
STAFF DE CONTROL ON (City, town, comore,	22b. DATE SIGNED 3/28/60 Street a Street (Stote) Maryland
STAFF PHYS inton	27b. DATE SIGNED 3/28/6.0 STreet

VR A15 (4) 1SM 9/59



VS A15 (4) 15M 9/5B

-			394	3	CERTIFIC	ATE OF DEA	TH		Reg. Dist. N	038	828	
) P	LACE OF DEATH	Washington Washington Washington Maryland 2 USUAL RESIDENCE (Where deceased lived, If institution o. STATE Md. b COUNTY					de a set	Res dence before admission) Wash.			
	Ь	RURAL ond give Boons		write	l month	14 Gamahaan						
')	d	NAME OF HOSP OR INSTITUTION Reedel	TAL (If not in hospitol, give Nursing H			d STREET ADDRESS	\$				DENCE FARM? NO	
	D	IAME OF ECEASED Type or print)	Jennet :	te	Middle	Cline	4. DATE OF DEATH	Mon Me	rch 22	y Yeor 60		
1	5. SI	female	and the state of	MARR IDOWE	RIED NEVER MARRIED RIED DIVORCED DIV	June 26,	1873	9 AGE (In years lost bisthdoy) 80 yrs	Months Days	R IF UNDE Hours	R 24 HRS Min	
1	100	00 USJAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)			KIND OF BUSINESS OR INC			ountry)	12 CITIZEN C	IZEN OF WHAT COUNTRY?		
	13. F	ATHER'S NAME	unknown			14. MOTHER'S MAIDE	EN NAME	Mary C	line			
	15, \ {Yes,	NAS DECEASED EV	/ER IN U. S. ARMED FORCES (If yes, give wor or dates of service	16.	none	INFORMANT Yoy Newman	Smith	sburg,	Md.			
			EATH (Enter only one couse EATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	per ly	he for (0), (b), and (c).]	leaste	Nea	it -	ON	TERVAL BE	TWEEN DEATH	
		gove rise to couse (a), stating lying couse lost	immediate DUE TO									
0	CATION	PART II O	THER SIGNIFICANT CONDIT	ONS_C	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	PERFO	RMED?	
	E E	OR CONTRIBUTIN	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	o. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	n Port 1 or Por	t II of item 18.)				
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of twork of two twork of two										
	1 1	21. I certify	that I attended the de	ceaș	/ /	th accurred at &	MARU.	the causes on	that I last so			
ı		ACTUAL SIGNATURE	Ta ti	10	221	м.р. 30	- •	treet, city or town.			E SIGNED	
,		PHYSICIAN'S NAME (Type)	Gerald W.	Le	eVan	Boor	nsboro	Md.				
	220.	BURIAL, CREMATI REMOVAL (Specify) UT181	ON, 22b. DATE THEREOF		Smithsburg			TION (City, town, o		(Stot	e)	
		ott F.	r's signature Minnich &	Son	ADDRESS Smithsbur	240. F	HAR 2 8		STRAR'S SIGNATI			

MADVIAND STATE DEPARTMENT OF HEALTH PAITIMORE 19



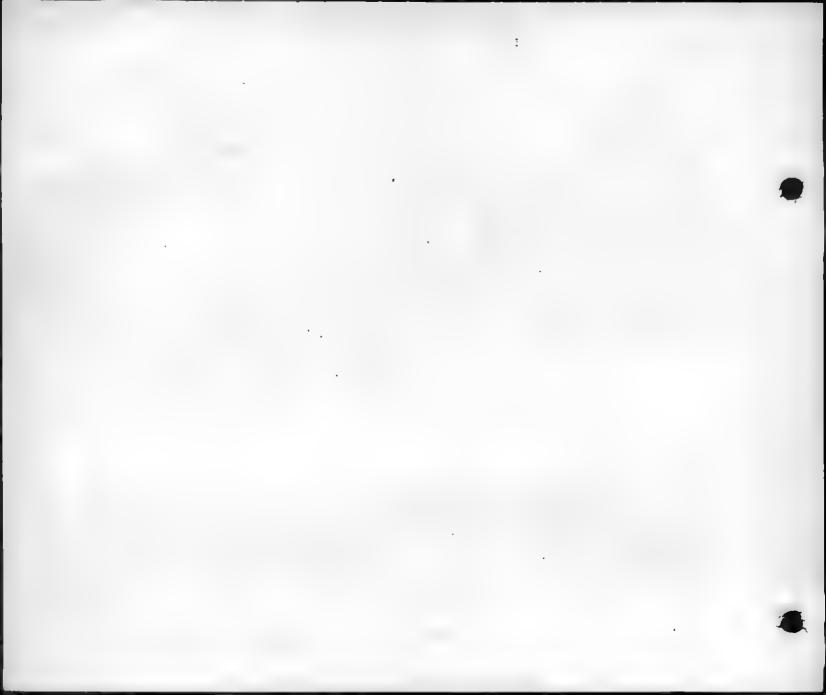
	39:	57	CERTIFICA	ATE OF DEAT	H	ş	teg. Dist. N	lo.	
1 PLACE OF DEATH G COUNTY	Washingto	n	MARYLAND	2. USUAL RESIDENCE (W	there deceased li	ived. If institutions b. COUNTY	Residence be	fore odmis	sian)
b. CITY OR TOWN	(If autside carporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	,	e limits, write RUR	AL and give n	earest tow	n)
d. NAME OF HOS	PITAL (If not in haspital, g	give street o	(dress)	d. STREET ADDRESS	_	h		ON A	SIDENCE A FARM? NO 1
3. NAME OF DECEASED (Type or print)	Albert		Middle —	Clipp	4. DATE OF DEATH	3 Manth	8	Day	1960
5. SEX Male	6 COLOR OR RACE White	WIDOWED	<u> </u>	8. DATE OF BIRTH 9-9-1877		lost-birthday) yrs.	Nonths Doys		ER 24 HRS Min
Retired	FION (Give kind of work or Kee) red	3	IND OF BUSINESS OR INDU	Marylar	nd	ntry)	U.S	OF WHAT	COUNTRY
13. FATHER'S NAME	Thomas Cli	.pp		14. MOTHER'S MAIDEN		lizabet	h Hof	fmas	ter
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 3-12-7151	Mrs.Sarah	Clipp,	Addres Knoxvil	-	ryla	nd
Conditions, if gove rise to cause (o), stolin lying couse las	immediate og the under		ONTRIBUTING TO DEATH BU	THE STATE OF THE TERM	MINAL DISEASE C	CONDITION GIVEN	OI	ITERVAL BI	
PART II. CO	WAS UNDERLYING DISTRIBUTION OF DEATH FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part or Port	l af item 18.}		YES [
20c. TIME OF INJ	1.	ar 20d. IN While at wark	Nat while fo	LACE OF INJURY (Home, for actory, street, affice bldg., et	m, 20f. (City or	r town)	(Count	у)	(State)
21. I certify olive on ACTUAL SIGNATURE NAME (Type)	that i attended the	106	d from 7-1	h occurred at A	_M, from th	e couses and et, city or town, st	on the do		
220. BURIAL, CREMAT REMOVAL (Speci Burial	3-11-19	,	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATIO	ON (City, tawn, ar		(Sta	fe)
23 FUNERAL DIRECTO	POR'S SIGNATURE	Bru	ADDRESS unswick, Mar		AAR 1 4 '60		Lun S. FG	WET CH	



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3852 CERTIFICATE OF DEATH

	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
	WASHINGTON	MARYLAND	MAISULAND LOUNTY	TON
1	b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and giv	e negrest town)
	RURAL and give nearest town)	10 HOURS	X BOONSBORD	
1	d. NAME OF HOSPITAL (If not in haspital, give street as	1 T T T T T T T T T T T T T T T T T T T	d. STREET ADDRESS	e. IS RESIDENCE
4	OR INSTITUTION		140 0 54	ON A FARM?
1	WASH. Co. Ho.	SYITHL	18 POTOMAC DI.	YES NO X
	3. NAME OF First DECEASED	Middle	Lost 4. DATE Month	Day Year
	(Type or print)	MAY C	LD PPEIZ DEATH MARCH - 21.	1960
ı	5 SEX 6 COLOR OR RACE 7- MARRIE	D NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS
ı	WIDOWED		Mark 1 1661 -166 181 -	ays Hours Min
	100 USUAL OCCUPATION (Give kind of work done 10b Ki	IND OF BUSINESS OR INDUS		N OF WHAT COUNTRY?
	during mast af warking life, even if retired)		0	e
		NN HOME	14. MOTHER'S MAIDEN NAME	15.A.
	13. FATHER'S NAME		14. MOTHER 5 MAIDEN NAME	
1	SAMUEL O. 150	Jek	MARY E, HUFFER	
d	15) WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yills: no. or pathnown) (If yes, give wor or dates of service;	OCIAL SECURITY NO 17, IN	FORMANT (18 POTONIAC	ST.
4	10	OC = NOV	HNF. CLOPPER BOONSBORD	MD.
	18. CAUSE OF DEATH [Enter only one cause per line	/Br (0), (b), and (c)]	1- 1/ 4-	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	17 Leuro rel	entle briand	ONSEF AND DEATH
	IMMEDIATE CAUSE (6)			7
	420, DUE TO	1 -		201/20
	Conditions, if any, which (b)	1 mary	V Marat City -	27000
	cause (a), stating the under DUE TO	7		
	lying couse lost. (c)	V		
	PAIT II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T	(o) 19 WAS AUTOPSY PERFORMED?
)	CAI			YES NO
	Part II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port I or Port II of Item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	3 20c. TIME OF INJURY Month, Day Year 20d INJ	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (Cal	unty) (State)
	20c. TIME OF INJURY Manth, Day Year 20d INJ Hour o. m. White of work	INDI WILLIE	ctory, street, office bldg., etc.)	
			Di 620 -10 12 1 -10	
	21. I certify that (1) (this haspital) attende	ed the deceased fram	liante 182 10 Mil colo f. 1820	, that (I) (we) last
		19 <u>624</u> , and that a	leath accurred at A.M. from the causes and on the	
	220 SIGNATURE		ATTENDING MED STAFF	226.DATE SIGNED
	- CATTILLE	1	M D PHYS DIRECTOR STAFF	21/6
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	7
	in he ca	2-7	150 malore,	124.1
	230-BURIAL, CREMAT ON 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, Jown, or county)	(State)
	EMOVAL (Specify)	0		(,
	AURIAL MARIZZ - 1960	ADDRESS	CEMETERY KONRERSYLLE WASH	
	() () () () ()	A	44AD 2 2 100	
	1000143	BORD MD	DATE MAR 23 60 Cirlun S. 1	isalle



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03831

	2000	QEIXIII IQA			
	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who or STATE	ere deceased lived. If institution	Residence before admission)
)	Washington	MARYLAND	Marylai	nd 6. COUNTY 1	
	b CITY OR TOWN (if puts'de corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write RUR/	
	Hagerstown	36 years	03 Hagerston	wn	
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t oddress)	/ d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Washington County Hosp:	ital	1811 Heister	boro Road	YES NO K
	3. NAME OF DECEASED (Type or print) ANNA	Middle BEATRICE	COCHRAN	4. DATE Month OF MEATH March	27 Yeor 60
	5. SEX 6 COLOR OR RACE 7. MAIN Female White WIDOW		B. DATE OF BIRTH September 2,	I have be attached to	UNDER 1 YEAR IF UNDER 24 HRS Ionths Days Hours Min
	10o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Slip Cover Maker	Upholster	Clearfield	Co, Penn.	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
_	George Kennedy		An	nie Harkenrader	
r		SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
L	no line	М	r. William H.	Cochran Hager	stown, Md.
	18 CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]		£	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	adensca	remany &	atomach_	14200
	151 X DUE TO				
	Conditions, if any, which) (b)				
	gove rise to immediate DUE TO				
	lying couse lost. (c)				
)	PAW II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition given	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING 20b DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Port I or Port II of item 18.)	
	1 = 1:				
		la.	ACE OF INJURY (Home, form tory, street, office bldg., etc.		(County) (State
	Hour o.m. While the west of th	e Not while ork ot work	sory, ortall, ortal biogr, ore.	1	
	21. I certify that (I) (this hospital) atter	ded the deceosed from	Movember 19	54, to March 27	. 19.60. that (I) (we) los
	saw the deceased olive an Masc				
	220 SIGNATURE	3			22b DATE
	1 Obent Vh	amp bell		ED STAFF RECTOR PHYS.	3/29/60
	22c PHYSICIAN'S RoberT V.L. C	ampbell	Hace	astown and	
	230. BURIAL, CREMATION 23b. DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, or o	county) (State)
	Burial 3/30/1960	Rose Hill Ce	meterv	Hagerstown	Md
	25 Jurgar Durector's signature Sutter Home		25a. REC'I		AR'S SIGNATURE
	R. Boakkin Poster Home	Hagerstown, M	d. DATE A	PR 1 '60 Cint	hur S. Frank

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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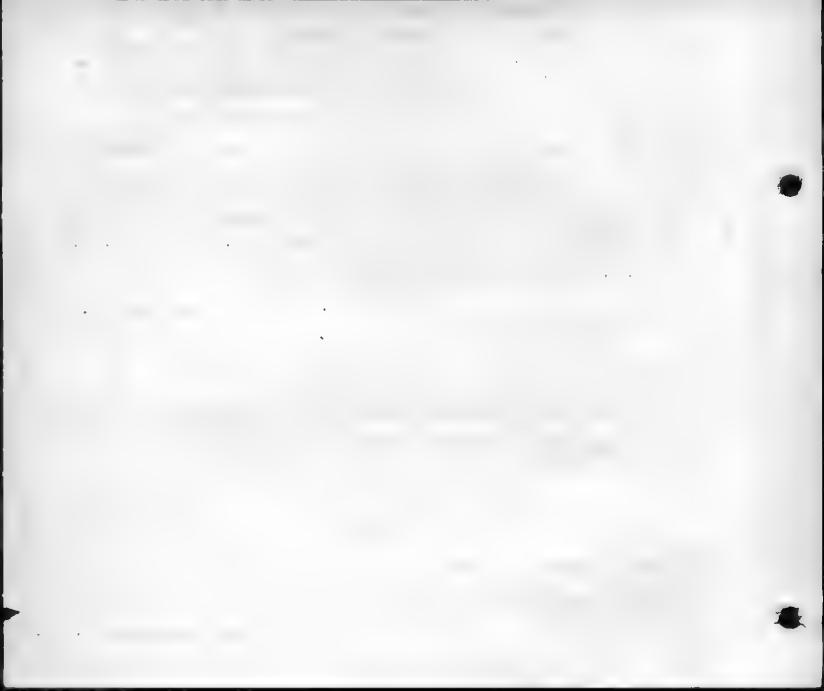
DATMAR 3 0 '60

3952 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Reg. Dist. No.
PLACE OF DEATH	2. USUAL RESPOENCE (Where deceased lived If institution Residence before admission)
" O. COUNTY WASHINGTON MARYLAND	O. STATE NIARILL AND b. COUNTY WAS HINGTON
b CITY OR TOWN (1 outside corporate him is, write RUPAL c LENGTH OF STAY IN 1b and give recorest lown)	c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest fown)
KEEDVSVILLE	X TEEDVSVILLE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e IS RESIDENCE
KEEDYSYLLE	KEEDARAICCE TAID LARED NO L
3 NAME OF First Middle	Lost F. DATE Month Doy Yeor
(Type or print) ARVIE V CACK SOLV 5. SEX 6 COLOR OR RACE IV. MARRIED IT NEVER MARRIED IT IS	CORDER DEATH MARCH. 26. 1960
the state of the s	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HPS feet birthday) Months Days Hours Min.
WHITE WIDOWED DIVORCED	APRIL-1-1843 66 m 11 19
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	
KETIRED EMPLOYEE B. 60 . R. R. C.	. ICAPLAND WASH, CO. M.D. VIS.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CACKSON CORDER	MARTHA, HAHN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 PM (11 yes, give wer or dates of service)	SFORMANT Address
I No IM	RS.ERNEST DAGENHART BOONSBORD MD
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).	UNITERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Gurno
Til , DUE TO	
Conditions, if any, which) (b)	5 Bady - instart
gove rise to immediate couse (a), stating the underlying DUE TO	
couse lost. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PROPERTY NO PRO
20b DESCRIBE HOW INJURY OCCURRED. (Ed. CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH OF CAUSE OF CAUSE OF DEATH OF THE CAUSE OF DEATH OF CAUSE OF DEATH OF THE CAUSE OF DEATH OF THE DEATH OF THE CAUSE OF DEATH OF THE CAUSE OF DEATH OF THE CAUSE	nler noture of injury in Port I or Part fl of item 18 }
CAUSE OF DEATH.	wel Cause not Isnown
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 200 PLACE	CE OF INJURY (Home, form, 120f. (City or town) (County) (Stote)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLAC While Not while of work of otwork of the process of the pro	Herrise Acides relle hand. The
21. I certify that I took charge of the remains described about	
opinion death resulted from: Natural causes . Accident	
160112 1	
SIGNATURE CONTRACTOR SIGNATURE	M.D. CHIEF MEDICAL EXAMINER (
EVALUATION CO.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) 1777 2-10 471777	DEPUTY MEDICAL EXAMINER
270. BURIAL CREMATION, 126 DATE THEREOF 224 NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, lown, or county) [Stole]
MAR. 28. 1960 MAR. 28. 1960 BROWNSVILLE	CEMETERY BROWNSYILLS WASH CO. MD
23. FUNERAL DIRECTOR'S & GNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John D. Back BORNSBORD	MM 20100

BOONSBORO

VS. A15ME BM 2:57





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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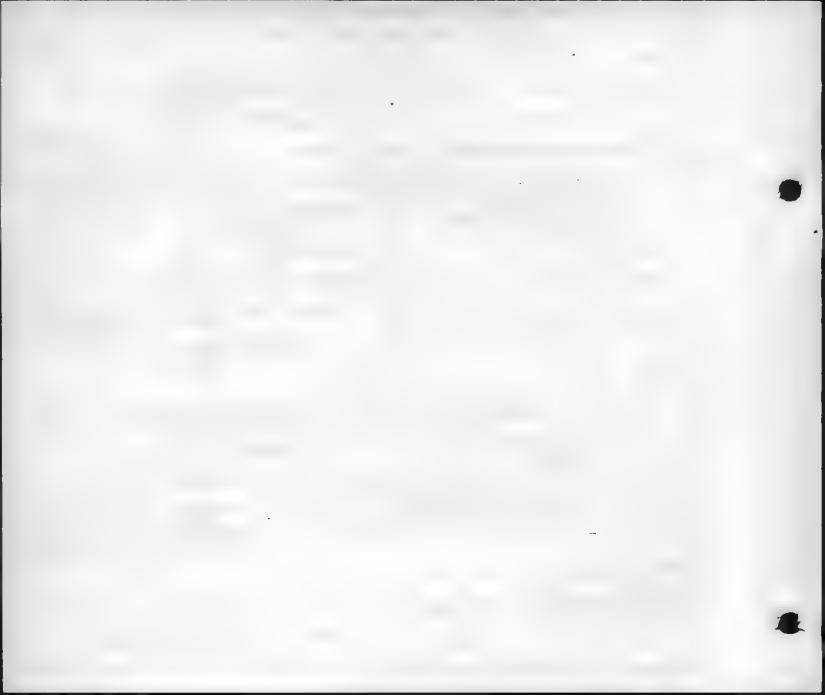
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 93835

302 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) eganey c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. 15 RESIDENCE YES NO S Year March 18 196019 IF UNDER 24 HRS. IF UNDER TYEAR Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA Comberland Md R INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO [(County) (Stote) Inquiry , and find that DATE SIGNED 22d. LOCATION (City, fown, or county) (Stote) Bedford Co Pa arthur & Haus DATE MAR 2 2 '60



nours ofter death.





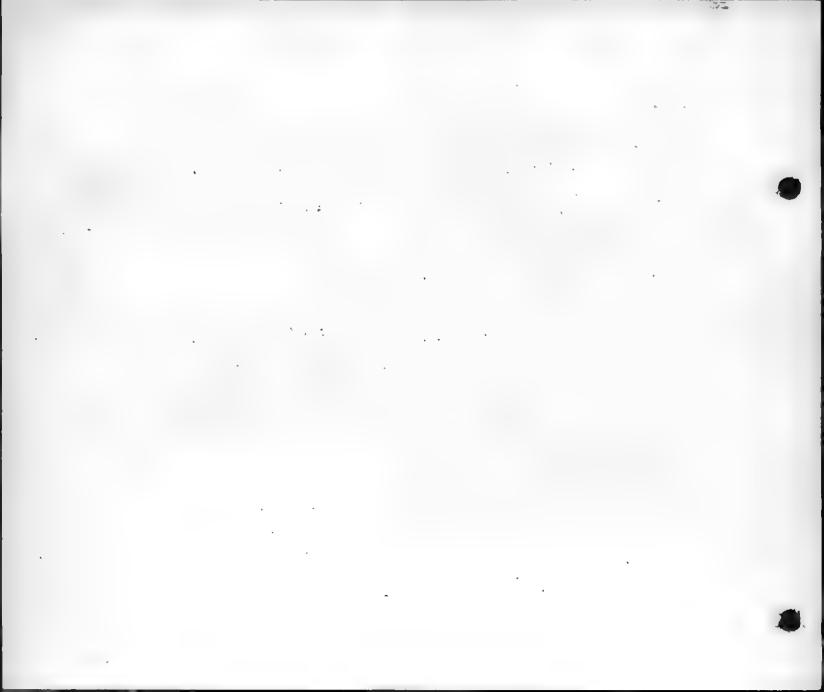
CERTIFIC	ATE	OF	DEATH
CERTIFIC	AIL	UL	DEAIL

Rea. Dist. No.

		395	5	CER	RTIFIC	ATE OF DE	ATH			Reg. Dis		
1.	PLACE OF DEATH 0. COUNTY	T-7 1- 4+				2 USUAL RESIDEN	ICE (Where dece		If institutio	ın: Residenc	e before ac	lmissian)
L		Washingt	on	<i>N</i>	SARYLAND	Mar	yland		Wash	ningt	on	
	RURAL and give ne		ts, write	c. LENGTH OF S	TAY IN 16	c. CITY OR TOV	WN (If outside co	rporate limi	ts, write RU	JRAL and g	ive nearest	tawn)
	Rural- Ha			5 yea	rs	Har	<u>gerstow</u>	n				
	or INSTITUTION	AL (If not in hospital, (jive street a	ddress)		d. STREET ADD	RESS				e. IS	RESIDENCE N A FARM?
1	Gateway N	ursing H	ome			10	W. Wil	son	Blvd			5 NO 🔯
3	NAME OF DECEASED (Type or print)	ANNIE		MIZABFT	iddle H	FAULDERS	4. DAT OF DEA		Moni		Day 10	Year 19 60
5.	SEX	6. COLOR OR RACE	7- MARRI	ED NEVER M	ARRIED [8. DATE OF BIRTH		9 AGE	(In years			NDER 24 HRS
L	female		WIDOWE		DRCED 🗌	Aug. 24,	,	9	irthday) L yrs	Months	Days Ho	urs Min
10	a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b. 1	IND OF BUSINE	55 OR INDU	JSTRY 11 BIRTHPLAC	E (State or foreig	n country)		12, CITI2	EN OF WH	AT COUNTRY?
	Retired h	ousewife	(own hom	e	Frede	erick C	o. Mo	i.	U.	S.A.	,
13	FATHER'S NAME					14. MOTHER'S MA	AIDEN NAME					
	Le	wis Mos	er			Man	ria Ha	rmon				
	. WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY	NO.	INFORMANT			10 AM	es Wi]	son	Blvd
L	no			none	lir	.Ralph W	. Fauld	ers,	Hage:	rstov	m, N	Id.
		TH [Enter only one co		for (a), (b), and	(c).]/)				,		INTERVA	L BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	, X	Tron	cho	- me	um	one	<u>a</u>		50	luys,
	2491	DUE TO	-									
	Canditions, if or	y, which) (b	1									
	gave rise to in couse (a), stating t	nmediate (
	lying couse last.	ne <u>under-</u>	1									
Į	PART II OTH	ER SIGNIFICANT CON	DiTIONS C	DINTRIBUTING TO	DEATH BU	T NOT RELATED TO TH	IE TERMINAL PILE	ASE COND	ITION GIVI	EN IN PART	1(a) 19. W	AS AUTOPSY
CERTIFICATION	(-	Arleri	0-1	cler	oli	c Hec	ut t	10				NO 🔀
Ě	20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DESC	RIBE HOW INJUI	RY OCCURR	ED. (Enter nature of in	yury in Part : ar	Part II of ite	m 18.)	-		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
₹	20c. TIME OF INJURY	Manth, Doy, Ye	ar 20d IN	JURY OCCURRED	20e. P	LACE OF INJURY (Hor	me, form, 20f (City or towr	1)	(C	aunty}	(State)
MEDICAL	Haur a.m.	19	While at wark	Nat while at work	ו ני	actory, street, office bl	ldg , elc.}					
	21. I certify the	at I attemded the	decease	d from Z	(b.)	7, 1960,	10 Ma	rch)	01960	hat I las	t saw th	e deceased
	alive an	arch 9	196	O, and t	hat deat	h accurred atel	550M, fra	m the co	rı IUS ê s and	d an the	date sta	ited abave.
		4	00)		DA		(Street, city				DATE SIGNED
	ACTUAL SIGNATURE	wias	102	riwa	1	M.D. Cle	as Do	bri	ng			3/10/60
	PHYSICIAN'S NAME (Type)	David 1	SI	Bren	1e)		Ma	1,1			· /
22	BURIAL, CREMATION	A, 226. DATE THEREC	F	22c. NAME OF	CEMETERY O	OR CREMATORY	22d. 10	CATION (C	ty, tawn, a	r county)		(State)
	Burial	Mar.13.	1960	Mt.Zi	on U	. B.		svil	le,	gred	Co.	Md.
23	FUNERAL DIRECTOR	SIGNATURE	7	ADDRESS		24	o. REC'D BY REC	HSTRAR		TRAR'S SIC		
	1. cill	Patri Tr	VR1++	To Ma	ro vo tr	A LA DELLE	ATE PREMIT .			- Day 1	Lorand	

VS A15 (4) 15M 9/58





VS A15 (4)

15M 9/5B

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e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

Doys

ON A FARM?

YES NO T

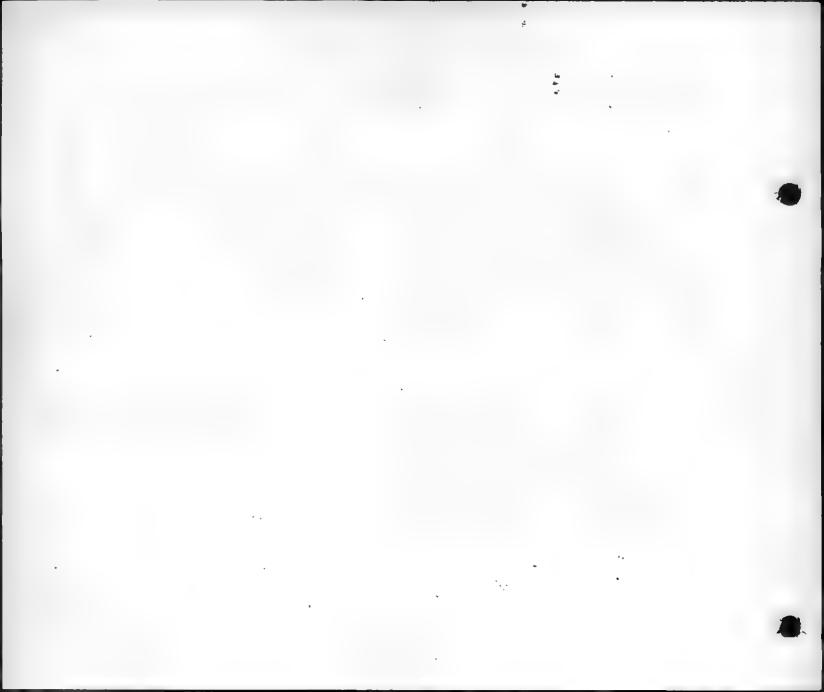
Year

60

Reg. Dist. No.

Months

U.S.A. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) 19. WAS AUTOPSY PERFORMED? YES NO P (Stole) (County) 1962that I last saw the deceased **4**M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) 22d. LOCATION (City John or (county) 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS/ arthur & Kraua



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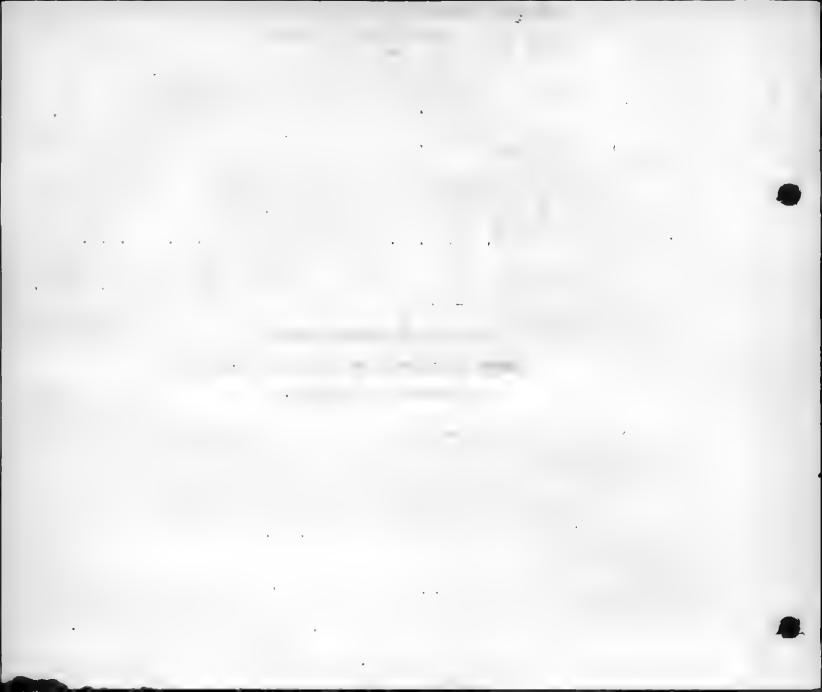
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S M	1.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13891

				Reg. Dist. No),
1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryland	re deceased lived IF institution b. COUNTY	n. Residence befi Washin	gton
b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside corporate limits, write RU		
RURAL 1	3lyrs.	X RURAL 1	CLEAR	SPRING	MD.
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	et addressj	d STREET ADDRESS			e IS RESIDENCE
RURAL 1. CLEAR SPR	RING, MD.	RURAL 1	CLEAR S	SPRING.	YES NO [
3 NAME OF DECEASED (Type or print) CHARLES	Middle CLETUS F	LANAGAN	OF MARCH	18	19 60
S. SEX 6. COLOR OR RACE 7 MA	RRIED TO NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years last birthday)		R IF UNDER 24 HRS
MALE WHITE WIDOW	WED DIVORCED	JANUARY 12	.1910 50 yrs	Manths Doys	Hours Min.
10g USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State of	foreign country)	12. CITIZEN	OF WHAT COUNTRY
TRACKMAN	. MD. R. R.	FLANAGAN	HILL, W. VA.	U.S.	A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
HARRISON FLANAGAN		SARAH I	KETTLRMAN		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16	S SOCIAL SECURITY NO 17 I	NFORMANT		WIE 1,	CLSFG.
NO	705-10-8017	MRS ROS	IE ELLEN FLA	MAGAN	
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (o), sloting the under- lying cause last. (c)	ENTRICULAR F CORONARY MYOCARDIAL	ARTERY OCCL	LUSION WITH		HOURS
PARE II OTHER SIGNIFICANT CONDITIONS HYPERTENSIVE HEART		NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(a)	PERFORMEDS, YES NO
200 ACCIDENT WAS UNDERLYING () 20b. DE OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in Po	rt I or Part II of item 18.)		
Hour a.m. While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I attended the deced alive an MARCH 17 19 ACTUAL SIGNATURE PHYSICIAN'S ARCHIE ROBERT CON MAME (Type)	bes to her	M D	RCH 18 , 1960 eM, from the causes or DDRESS (Street, city or town, s	nd on the do	aw the decease the stated above DATE SIGNE
220. BURIAL, CREMATION, 22b DATE THEREOF BURIAL FLAR. 21,]	220 NAME OF CEMETERY O	1	23d LOCATION (City, town, or WASHINGTO!	CO.	(Stole)
FUNERAL DIRECTOR'S SIGNATURE CLE	ADDRESS EAR SPRING, N	D. DATEMAR	2 2 100 -	TRAR'S SIGNATU	



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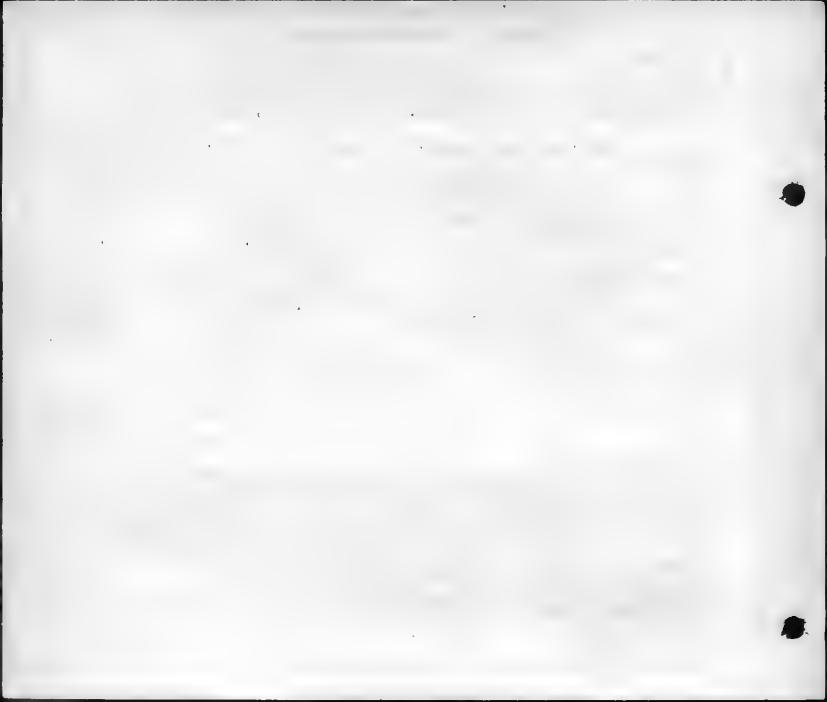
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3888

CERTIFICATE OF DEATH

03843

	47.0	U U					Reg. Dist.	No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (W	/here deceased	lived. If institution	ni Residence	before odmis	sion)
Vashi ngt			MARYLAND	haryland			Washi		
b. CITY OR TOWN (II RURAL and give no	autside corporate fimit orest town)	ts, write c. LEN	IGTH OF STAY IN 16	c CITY OR TOWN (IF	outside corpore	ote limits, write RI	JRAL and give	nearest tow	n)
Lagersto	wn Kary		30yrs;	03Magerste	wn, M	aryland			
d NAME OF HOSP T	AL (If not in haspital, g	ive street oddress)		d STREET ADDRESS				e. IS RE	SIDENCE A FARM?
	1 W. Was	hineter	st.	189 Berl	sen A	ve.			NO
3 NAME OF DECEASED	Fire	37	Middle	Lost	4. DATE	Mon	th	Day	Yeor
(Type or print)	Mary	eat	herine	Metcher	OF DEATH	Mar		14	19 50
5 SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	1	P. AGE (In years	IF UNDER 1 Y		
Temale.	Selered	WIDOWED 🔲	DIVORCED [Dec 25 19	100	lost birthday) 59 yrs.	Months Do	lys Hours	Min.
100 USUAL OCCUPATIO	N (Give kind of work o	one 10b KIND C	F BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stot	or fareign co	untry)	12. CITIZE	N OF WHAT	COUNTRY
Yensewi fe	-		eme	Charatev	n W.	Va.	US	A.	
13. FATHER'S NAME				14 MOTHER'S MAIDEN	NAME				
Kenry Ti	1100			Unknev	1				
15. WAS DECEASED EVER			SECURITY NO. 17.	INFORMANT		Addr	ess		
,	77 727, 37 32 407 57 507 507 507 507	ne	me!	Raymond A.	Metel	ner 189	Berki	sen-A	Ye.
18. CAUSE OF DEA	TH [Enter only one co	use per line for to		1				INTERVAL BI	TWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	, (3	- () We	1/ W.	· b b	1		ONSET AND	DEATH
420,	DUE TO			-1/	7		(1	<u></u>	
Conditions, if or	ry, which }	are	Elder	- tilled	U	(AE1.	4	, ,	
gove rise to in	nmediate (_	. 1					
cause (o), stating t	ne under-	1	(1-1	11 6/6.	y 16.	4		-	
PART II. OTH	ER SIGNIFICANT CON	DITIONS CONTRIB	SUTING TO DEATH BE	UT NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1	o) 19. WAS	AUTOPSY
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING UI FETHER, NOTIFY			\wedge	120 -				YES T	NO [X]
200. ACCIDENT WA	S UNDERLYING []	20b. DESCRIBE H	OW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Port	II of item 18 }			
(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
3 20c. TIME OF INJUR	Manth, Doy, Yea	or 20d, INJURY C		PLACE OF INJURY (Home, for		or town)	(Cou	nty}	(State)
20c. TIME OF INJURY Hour o. m.	l9		ot while work	factory, street, office bldg., et	c }				
	ot/Lattended the	deceased fro	77	5/20/00	(1) 4	1./42001	Jahan K. E. Lau	h - 11	4
olive on	Silvanended Inte	199		19.02.2, 10	M 14 F		that I las		
Olive Oli	5.4	and the second	, ond that deal	th accurred of	/ 1	The causes a eet, city or lown/i		date state	ed above
ACTUAL SIGNATURE	11/	1106-	Cly	Wa A	-8 G	MA	·/	140	16/1)
1 1	7	/		, M D		(/			
PHYSICIÁN'S NAME (Type)	1 1 %	09	CA/	4	U	. 11	{		
220. BURIAL, CREMATION	N. 22b. DATE THEREO)F 22c	NAME OF CEMETERY	OR CREMATORY	27d LOCATI	ON (City, town, o	r countyl	(Sto	
Burial	777 m	19/1	7-11	W Cometer	1 2/	on town	S S	ha d	
23. FUNERAL DIRECTOR'S	SIGNATURE	// / / / A	DDRESS	240. RM	'D BY REGIST	V V V	TRAR'S SIGNA	ATURÉ	
000 0	1)11-4	- 4 11	-		MAR 21 '6		when & 1		



ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE, 1	8
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CERTIFICATE OF DEATH

M.

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	0308	CERTITION	TIE OF DEATH		Reg. Dist. No.
PLACE OF DEATH o. COUNTY	Washington	MARYLAND	CTATE	re deceased lived. If institution yland b. COUNTY	n: Residence before admission) Washington
b. City OR TOWN RURAL and give Hagers	(If outside corporate limits, write nearest town) Cown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our Hagers	utside corporate limits write RU	RAL and give nearest town}
d. NAME OF HOS OR INSTITUTIO GATOWA	The Nursing Hor		#d STREET ADDRESS	al Ave.	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	Virgie	Flerence F	last	4. DATE Month OF DEATH MST C	
s sex Fomalo	Table 4 Area	ARRIED NEVER MARRIED DIVORCED DIVORCED	July 28, 18		FUNDER 1 YEAR IF UNDER 24 HR Months Doys Hours Min.
Housew	TION (Give kind of work done 1) Orking life, even if refired)	Ob. KIND OF BUSINESS OR INDUS OWN Home	Maryla	ind	U.S.A.
3. FATHER'S NAME	Winesia.		14 MOTHER'S MAIDEN NA		
Henry	Fleagle EVER IN U. S. ARMED FORCES?	M COCIAL SECURITY NO. H	LILLIE	M. Creager	Howaver ext
[Yes. no. or unknown)	(If yes, give war or dales of service)		irs. John Cr		mtral Ave.
Conditions, if gove rise to couse (a), static lying couse los	immediate DUE TO	Congres A	on endorg		N IN PART 1(0) 19 WAS AUTOPS
20g. ACCIDENT		DESCRIBE HOW INJURY OCCURRED			PERFORMED? YES NO
20c TIME OF INJ	URY Month, Doy, Year 20c		ACE OF INJURY (Home, form, clory, street, office bldg., etc.)		(County) (Stote
21. 1 certify alive an	that I attended the dece				hat I last saw the deceased an the date stated above DATE SIGNE
PHYSICIAN'S NAME (Type) 220. BUR AL, CREMA'	TON 1226, DATE THEREOF	Top	A	unter M	1 /1/60
Burial (Speci		United Bre	thern Cem.	22d. LOCATION (City, lown, &r Thurmont,	r county) (Stote) Marvland
Raymond	DR'S SIGNATURE ZA T 31	ADDRESS Thurment, Mo	24a, REC'D		TRAR'S SIGNATURE

. . . · 7 0, 5 % . .

DSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed (

VS A15 (4) 15M 9/5B

n 24 haurs after death. Page 4

IARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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N

CERTIFICATE OF DEATH

03844

		388	99	CERTIF	IC/	ATE OF DEAT	ТН			Reg. C	Dist. No	302	
1	PLACE OF DEATH	LACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a STATE b. COUNTY **							
		Washington MARYLAND			Mary	lan	id	B. COUNT	Was	shin	ton		
Г		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If outside carparate fimits, write RURAL and g				give ne	give neorest tawn)		
	Hagerstown			36 years		Hagerstown							
	d NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION			d. STREET ADDRESS					i	e. IS RES	IDENCE FARM?		
	North Hager	1.		322 N. Potomac Street			reet				ES NO 🔼		
3	2. NAME OF DECEASED (Type or print) LINDSIE		Middle FUL		Lost 4. DATE OF DEATH Ma		March			Day Year 1960			
4	i. SEX	6 COLOR OR RACE	7. MARR	IED 🔚 NEVER MARRIED		8. DATE OF BIRTH			9. AGE (In year last birthday	IF JNDE			ER 24 HRS
	male	white	WIDOWI			September 6	, 1	.889	70 7		Days	Hours	Min
To the	o USUAL OCCUPATION during most of works etired Appl	N (Give kind of working life, even if retired fance sale	done 10b. Sman	Appliance		ore Winche				4	TIZENO U.S.		OUNTRY
ī	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME									
1	Charles A. Fuller Virginia K. Sierer												
	5. WAS DECEASED EVER			SOCIAL SECURITY NO.	13	NFORMANT			Ac	dress			
ľ	(Yet, no, or unknown) (I yes, give wor or dotes of service) 214-10-4677 Mrs. Pearl Fuller Hagerstown, Maryland											1	
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Consumer Ordering Coloring Hearth Aireach									INTERVAL BETWEEN ONSET AND DEATH 12 41014			
	Conditions, if any, which gave rise to immediate cause (a), stating the under-							٥					
	5					NOT RELATED TO THE TER				VEN IN PA	ART 1(a)	PERFC	AUTOPSY RMED? NO 12
110	200. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
100000	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. P. m 19 at wark at wark at wark												
	21. I certify that I attended the deceased fram 5-24-, 1948, to 3-7-10, 19, that I last saw the deceased alive an 3-1-, 1968, and that death accurred at 8:30 PM, fram the causes and on the date stated above. ADDRESS (Street, city ar town, state) DATE SIGNATURE PHYSICIAN'S DALTON M. WELTY PHYSICIAN'S NAME (Type) DALTON M. WELTY Typestum, Med.												
	Po BURIAL, CREMATION REMOVAL (Specify) BUTIAL	3/10/196	0	Spring Hil			22		ion (City, town pensbur		_	syl v a	
2	FUNERAL DIRECTOR'S Suter-Rouze R Finn Alm	r Funeral	Home	ADDRESS Hagerstown,	Ma	See See		y registi		GISTRAR'S S		RE	

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death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Film \$ 264 - 5/11/60 -M3.

Duo for one certificate - Briginally reported

on a r gular certificate. Later actermined

to be a medical efaminio case.

03846

	3897		CERTIFIC	AIE OF DEATH	Reg. Dist. No.					
	1 PLACE OF DEATH COUNTY Washington		n MARYLAND	a STATE	sed lived If institution Residence before admiss an) b COUNTY Washington					
	77	(If outside carperate limits, e nearest town)		T						
	d, NAME OF HOS OR INSTITUTION			d. STREET ADDRESS Rural 2	1	e IS RESIDENCE ON A FARM? YES NO				
	3 NAME OF DECEASED (Type or print)	RICHARD	LEON	GLADHILL DE	ATE Month M-ARCH	Day Year 1960				
1	s. sex		MARRIED NEVER MARRIED DIVORCED DIVORCED	6.27.1927	9. AGE (In years IF UNDER last pirthday) Manths	1 YEAR IF UNDER 24 HRS Doys Hours Min.				
1	10a. USUAL OCCUPA during most of v Labo	variang life, even if retired)	10b. KIND OF BUSINESS OR INC	Washington		U.S.A.				
	13. FATHER'S NAME Daniel R Gladhill Lelia Rosenberry									
	1S. WAS DECEASED! [Yes, no. or unknown) NO	EVER IN U. S. ARMED FORCE If yes, give war or dates of servi	57 16. SOCIAL SECURITY NO. 216-22-8011	INFORMANT Lillian M Gladh	Address nill Rural 2 V	Md.				
		DEATH [Enter only one couse DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	per line for (o), (b), and (c).] TERMINAL	PNECMONIA		INTERVAL BETWEEN ONSET AND DEATH				
	Canditions if		GENERALIS	ED CARCINOM	ATOSIS	4 Mcs				
	couse (a), stati lying cause lo	ng the <u>under-</u> DUE TO	CARCINOMI			7 MCS				
2	PART I. (OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DI	SEASE CONDITION G VEN IN PAR	T 1(a) 19 WAS AUTOPS PERFORMED? YES NO				
		WAS UNDERLYING 29 NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Part I o	or Part II of item 18.)					
	20c. TIME OF IN Hour o.	m,	20d, INJURY OCCURRED 20e. While Not while of work of work	PLACE OF INJURY (Home, form, 20f. factory, street, office bldg., etc.)	(City or town) (6	County) (State				
	21 I certify alive an	that I attended the d	eceased fram <i>FEB</i> , 1960, and that dea	th accurred af 17 A.M., for ADDRE	79 (Street, city or town, stote)					
	SIGNATURE PHYSICIAN'S NAME (Type)	DR-GEORG	E BERCL'	M.D. 1300 FENN HAGERSTON	N. MARYLAND	= 3/6/60				
	220. 8URIAL, CREMA REMOVAL (Spec	TION, 226. DATE THEREOF	22c. NAME OF CEMETERY		OCATION (City, tawn, or county)	(State)				
	Puria 3	OR'S SIGNATURE	Park Head	Cemetery Rai	rk Head Washin	GNATURE				
	1 6 /	61 W U.	lander (2)	// Language M	Title Later T	CLA m Mr. M.				

ond completely filled in by the funeral director, bon papers. Pages 1 and 2 shauld be filed with papers. requires that the death certificate be executed SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed that the retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compage 3 should be detached far use as the burial-transit pérmit. Then please remove carbon pages the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after degitation.

VS A1S (4) 1SM 9/SB

24 hours after death Page =



DATE

Cirling & France

WS A15 (4) 15M 10/57

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o. COUNTY

NAME OF

DECEASED

No

Andrew K.

Coffman

2081245XV3

Hagerstown Md.

director,

hours ofter deoth.

Filed

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offending

te i

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03878

CERTIFICATE OF DEATH 3959 Reg. Dist. No. 30. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission COUNTY Tasarin ton shington MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Haserstown no a alstown 4 d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? estern Pike YES NO TO NAME OF Middle DECEASED CATHETINE GORDON (Type or print) DEATH Larch 8 1960 NELLIE 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Doys WIDOWED FT DIVORCED [7] meh....e yrs. 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slate or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Own Home Independence "ash USA Housewife 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Largaret Hawbaker Galvin Trumpower 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Clyde ". Gordon Hage stown 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY CEREBRAL VASCULAR HEMORRHAGE IMMEDIATE CAUSE (a) **DUE TO** HYPERTENSION HEART DISEASE UNKNOWN Conditions, if ony, which gave rise to immediate DUE TO

couse (o), stoting the underlying couse lost.

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19 WAS AUTOPSY CHRONIC RENAL CALCULLI WITH PYELONEPHRITIS

PERFORMED? YES INO IT

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, lenter noture of injury in Port I or Port II of item 18.1 20r. TIME OF INJURY Month, Day, Year

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

(County) (State)

21. I certify that I ottended the deceased from JAN.

20d. INJURY OCCURRED While Nat while of work ol work

factory, street, office bldg., etc.)

to MARCH 8 1960 that I last sow the deceased ., and that death occurred at 10:30 AM, from the causes and on the date stated above.

PHYSICIAN'S NAME (Type) ROBERT COHEN.

CLEAR SPRING, MD. MARCH 9. 1961

22c. NAME OF CEMETERY OR CREMATORY Dunkiru Cemetery

Broadfording "ash do ad.

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

220. BURIAL, CREMATION, 22b. DATE THEREOF

ADDRESS Andrew K. Coffin Hagerstown . a, 240. REC'D BY REGISTRAR 246 REGISTRARY SIGNATURES DATE

22d. LOCATION (City town, or county)

ADDRESS (Street, city or town, state)

A15 (4) 15M 10/57



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24 haurs after death. Page 4

OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2000

CERTIFICATE OF DEATH

03843

0000	CERTIFIC	AIE OF DEATH	Reg. Dis	t. No. 302
i, PLACE OF BEATH o. COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (Where decease of STATE MATVLAND	sed lived. If institution Residence b. COUNTY	e befare admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside cor		ive nearest fown)
Hagerstown	3 MOS	Hagerstov	vn	
d NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	address)	d STREET ADDRESS	1 2 1	e. IS RESIDENCE ON A FARM?
Garlook conv Home		1935 Lincolns	lire Road	YES NO XX
3. NAME OF DECEASED (Type or print) REUBEN B	Middle ERNARD	GREEN 4. DATE	1/ 1 00 -	960 19
	IED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS
Male white widows		June 15 1900		Days Hours Min
10a USJAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU	JSTRY 11 BIRTHPLACE (State or foreign	country) 12. CITI	ZEN OF WHAT COUNTRY?
during most of working life, even if retired) Merchant	Retired	Kingston Uls	ter Co N.Y.	USA
13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
William S. Green		Bessie Ful	ller	
15 WAS DECEASED EVER IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	1-09-2917 MI	s Helen B. Bree	en 1935 Linco	lnshire R
18. CAUSE OF DEATH [Enler only one couse per lin		Hagerstown Md.		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- Tn	anition		ONSET AND DEATH
150 X DUE TO	(E . H	CHILLON		2 10 11
Canditions if any which	arkin	some Dis	2232	a
gave rise to immediate		0017	CC14 ~	7 7 7
cause (a), stating the <u>under-</u> lying cause last.				
, (9	ONTRIBUTING TO DEATH BU	T NOT BELLETER TO THE TERMINAL DICE	ACE CONDITION CONTINUE BART	Valle Was AllTonia
O FAM II. OTHER SIGNIFICANT CONDITIONS C	ONING TO BEATH BO	I NOT KEDATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PAKE	PERFORMED?
D ACCIDENT WAS UNDERNANDED TO JOY OFFI	COURT MANAGEMENT OF COLUMN		M -7 * 10 3	YES NO 2
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THISE HOW INJUNT OCCURR	ED. (Enler nature af injvry in Parl 1 or P	ort il ar elem (b.)	
2	NURY OCCURRED 20e. P	LACE OF INJURY Hame, farm, 20f (C	ity or town) (C	ounty) (State)
Hour a.m. While at work	Nat while	octory, street, office bldg., etc)		
21. I certify that I attended the decease	<u> </u>	1950, to Merc	29 2060 4.411	
alive on 14 cr - 29 , 19 4		h accurred at 3:15 A : M, fr	-	
dive on 13 Estate party (72	Ly_, and mar dear		om the causes and an th (Street, city or lawn, state)	e date stated above. DATE SIGNED
ACTUAL (4)	11	2/11/1/1	1 1-1	A / - / /
SIGNATURE CONTRACTOR	dilma	W.D Z_[4 _ 17 - 12]	oromac 41	3/30/6
PHYSICIAN'S 1/0 x A .	HOFF ma	- Hager	itown,	Md
220 BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY / 22d. LOC	ATION (City, town, or county)	(State)
Burial 4/1/60	pose will	Cemetery Hag	erstown Wash	Co. Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REG	ISTRAR 246 REGISTRAR'S SIG	
A ndrew K. Coffman Na	gerstown Mc	DATE APR 4	'60 Cirthun 2	Kraug





VR A15 (4) 15M 9/59

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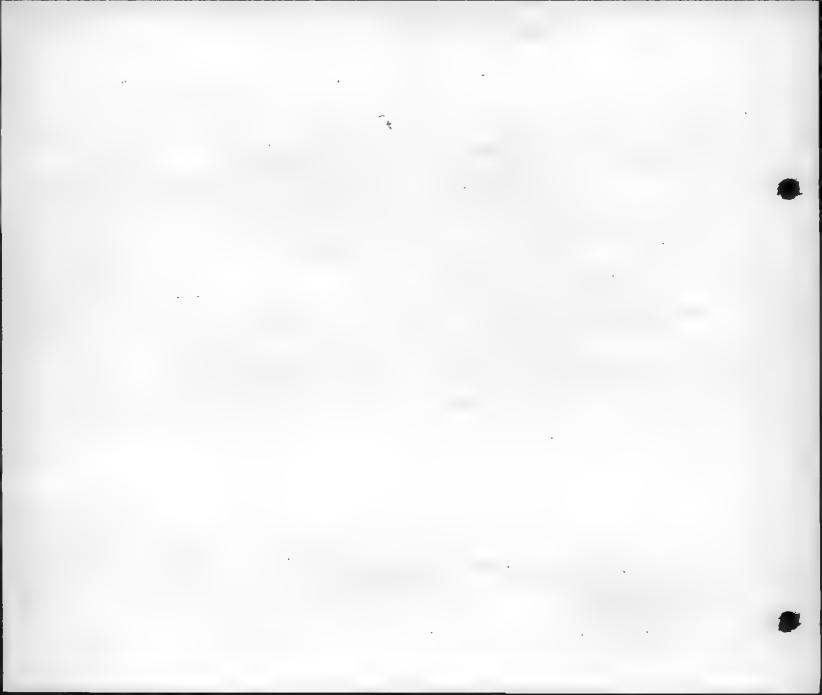
MARYLAND STATE DEPARTMENT OF HEALTH

PHYSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03851

g. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)						
WASHINGTON MARYLAND	MARULAND WASHINGTON						
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)						
HAGERSTOWN	X FUNKSTOWN						
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
WASH, CO. HOSPITAL	15 EAST MAPLIE ST. YES NO						
3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year						
(Type or print) CHARLES H	GUEST DEATH MARCH. 30. 1960						
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS						
MALE WHITE WIDOWED DIVORCED	NOV. 27 - 1876 (SB yrs. 4 B Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUITING mast of working life, even if setired)	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?						
LATHE OPERATOR - KETIKER , AND L. STEEL MI	LLS PITTSBURGH DIENNA VISIA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
CLOSEPH GUEST	MANDY CARCT						
	WARY GOEST						
[Yes, no, or unknown] [If yes, gave wor or dates of service]	2 12 WINAST 21.						
No: 168-01-2217 M	RS. STELLA GUEST FUNKSTOWN NID.						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRITONIT	15 /Wk						
197. 9 DUE TO							
Conditions, if any, which) as healters him.	Sasta Enteratoring 1 sole						
gave rise to immediate DUE TO 4	/						
lying cause last.	come 6 leves						
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?						
TO A SCIENT WILL HAVE THE TO THE TOTAL OF TH	YES NO						
OR CONTRIBUTING II CAUSE OF DEATH	D. (Enter nature of injury in Part I ar Part II af item 18.)						
	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State)						
Hour a.m. While Not while at work at work	ctary, street, affice bldg., etc.)						
	10 10 1						
saw the deceased alive an19 , and that a	death accurred atM, from the causes and an the date stated above.						
40000	M.D. PHYS. STAFF SIGNED						
22c PHYS CIAN'S	22d. ADDRESS						
NAME/fype)							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d_LOCATION (City, town, or county) (State)						
REMOVAL (Specify)	Commence Burney Margh a ma						
SURIAL APRIL -3, 1960 SOONSIBORO	CEMETERY DOONSBORD WASH COMD						
24 FUNERAL DIRECTOR'S SIGNATURE BOONS BORO D	254. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE						
LIMB PARTE POURD IN	DATE DATE						



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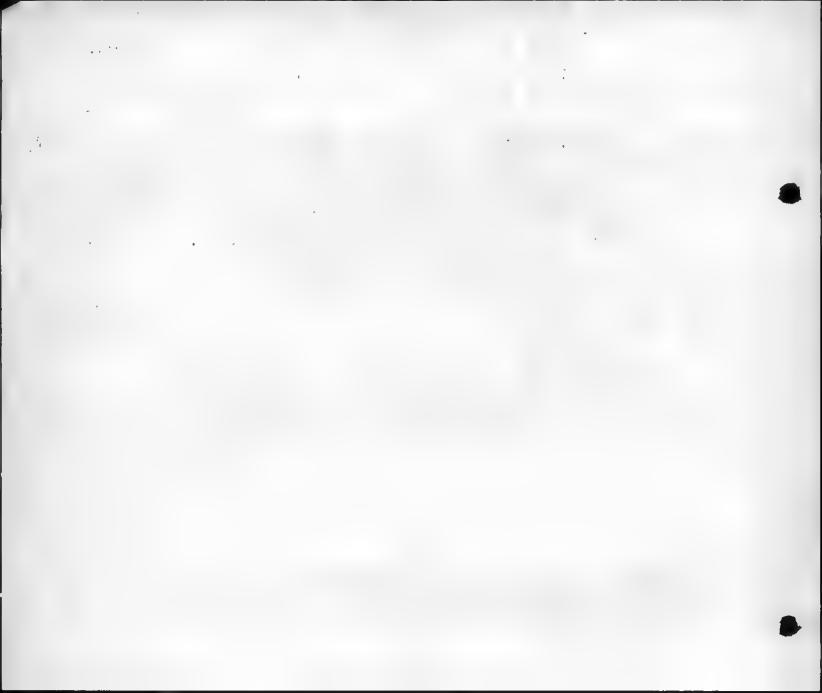
24 hours ofter death. Page 4

OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

		0000							Re	eg. Dist. No.	
	PLACE OF DEATH o. COUNTY	Washingtor	1	M	ARYLAND	2 USUAL RESIDEN 0. STATE Md	ICE (Whe	re deceased live	d. If institution b COUNTY W		
	b. CITY OR TOWN (If RURAL and give nea		s, write	c LENGTH OF S		c CITY OR TOV	VN (If ou		imits, write RURA	L and give near	esi lown)
	Highfie d NAME OF HOSPITA OR INSTITUTION Hawn			2 Da	ys	d. STREET ADD		Highfi ghter		e	15 RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Fin	llie		ettv	Lost Hack		4. DATE OF DEATH	Month Marc	h l	7, 1960
5. :		6. COLOR OR RACE		NED NEVER MA	- M	May 13.		9. AGE (In years IF UNDER last birthday) Months			F UNDER 24 HR
Female White WIDO 10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if refired)		lane 10b	- 00		TRY 11. BIRTHPLAC	E (Stote o	r foreign countr	1)	_	WHAT COUNT	
13.	HOUSE IN	life				14. MOTHER'S MA		m Co.,	va.,	U.S.A	•
15.	Curtis Branch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.			SOCIAL SECURITY	NO 17. II	Eliza	Dam	eron	Address		
ĮΎe	NO [1]	yes, give war or dates of se	rvice				Iren	e Coyle	, Highfi	eld Md.	
	Conditions, if on gove rise to im couse (o), stoting the lying couse lost.	mediate DUE TO	(Sld	Ay	Le Cler	Ur -	Les url	u Dan	16	Henry
CERTIFICATION		R SIGNIFICANT CON								IN PART 1(o) 19	PERFORMED?
	20g. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY N	UNDERLYING LI I CAUSE OF DEATH SEDICAL EXAMINER)	206. DES	CRIBE HOW INJUR	Y OCCURRE	(Enter nature of in	ijury in Po	artior Portilio	filem 18 j		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	NJURY OCCURRED Not while k at work		ACE OF INJURY (Hor tory, street, office bl		20f. (City or t	own)	(County)	(Stote
	21. I certify the alive on Missignature	t I attended the				occurred at 4	Re	M, from th	e causes and city or town, stol	an the date	
22.	PHYSICIAN'S RO BURIAL CREMATION	bert A. Ki		100- NAME OF A	THE TENY OF			ge Summi			
	REMOVAL (Specify) Burial	3/20/60			ethel			Lantz	#1, Fred	1., Co.	(State) Md.
23.	FUNERAL DIRECTOR'S	SIGNATURE	E	ADDRESS	4 4) 24	lo. REC'D	BY REGISTRAR	24b. REGISTRA	AR'S SIGNATURI	

be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery filled in by the funeral director. page 3 should be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 10/57



24 hours after death. Page



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3895

CERTIFICATE OF DEATH

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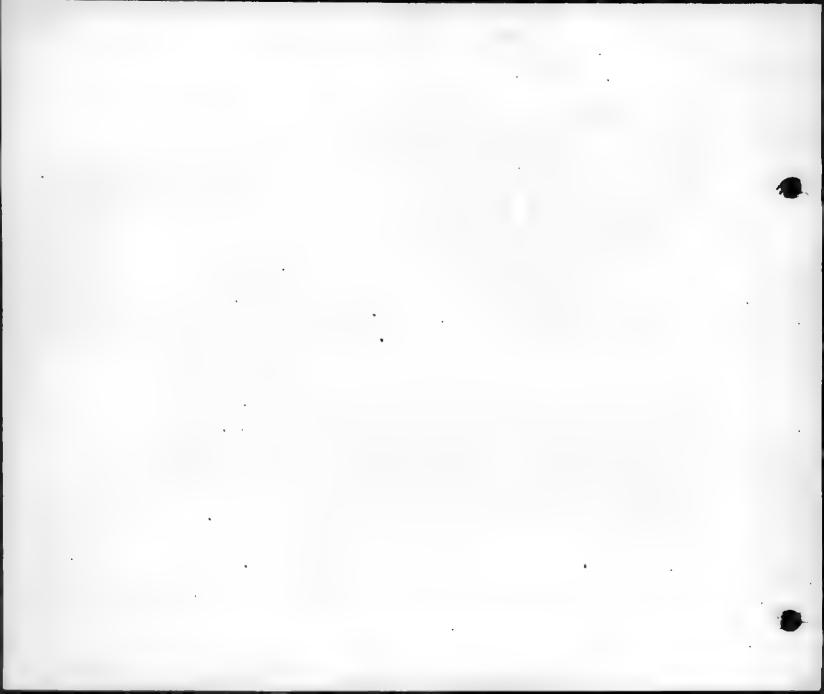
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-trans t permit. Then p ease remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi

VS A15 (4) 15M 9/58

_			Keg.	DIST. No.		
1	1. PLAC	CE OF DEATH Has given and MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Rest o STATE b. COUNTY	dence before admission)		
and the	b C	ITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b URAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL o	ond give nearest town)		
/	d N	NAME OF HOSPITAL (If not in hospital, give street oddress) R INSTITUTION Ward State Hospi	d. STREET ADDRESS 2418 Madison and	e. IS RESIDENCE ON A FARM? YES NO		
		ME OF EASED LOTTIE Middle	HALL OF MONTH MARCH	Day Year 2. 1960		
)	5. SEX	6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Sulf 15, 1889 9. AGE (In years lif UNI fost birthday) 70 yrs. Month	DER 1 YEAR IF UNDER 24 HRS. Days Hours Min		
	10a. US du	SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU- tring most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12.1	USA.		
	13. FAT	HER'S NAME	14. MOTHER'S MAIDEN NAME			
		or unknown) (If yes, give wor or dates of service)	informant Address	Baltomil		
	18	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMENARY CAUSE OF DEATH WAS CAUSED BY: PULMENARY COMMENTARY COMMENTARY	CONGESTION AND EDEMA	INTERVAL BETWEEN ONSET AND DEATH		
		conditions, if ony, which by METASTATIC	CARCINOMA OF LUNGS	3 MENTHS		
	co	buse (a), stating the under (c) HYPERNEPHRO	MA RIGHT KIDNEY	11 MONTH		
)	FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ETHSTRSES TO HEART, SPINE AND PETRI	Contract Luch Nobec	PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO		
	S (IF	ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Part II of item 18.)			
	WEDICAL 20c		ACE OF INJURY (Home, form, ctary, street, office bldg., etc.)	(County) (State)		
		. I certify that I attended the deceased from MAY	25, 1959, to MARCH 2, 1966, that 1			
		12	accurred at 10.38 RM, from the causes and an ADDRESS (Street, city or town, state)	the date stated above, DATE SIGNED		
1	sig	MATURE GRETJE BUCH	M.D. ISOO PENNSYLVANIA AV	3/2/40		
	NA	IRIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY O	PRICEMATORY 22d LOCATION (City, fown, or count)		
1	RE	unicu 3-7-60 arbitus	md			
	23 FUN	NERAL DIRECTOR'S SIGNIATURE 1348 M. CECHOMIN	24g REC'D BY REGISTRAR 24b. REGISTRAR'S			

DATE AR

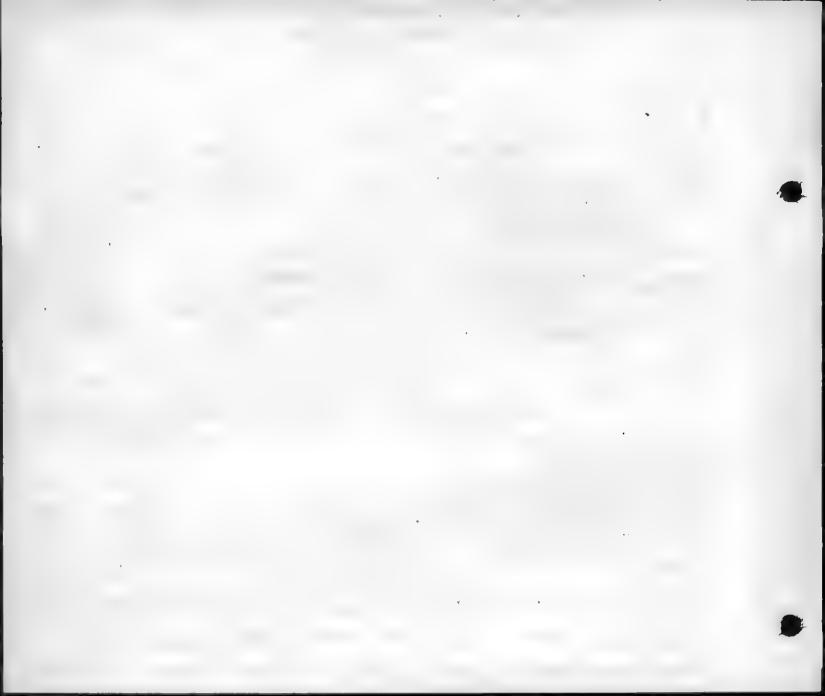


03254

Reg. Dist. No.

Washington	MARYLA	Pennsylva	nia b.cour	ranklin						
b CITY OR TOWN (If outside carporate limi RURAL and give nearest town)	is, write c. LENGTH OF STAY IN	1 b c. CITY OR TOWN	If autside corporate limits, wri	le RURAL and give nearest town)						
Hagerstown	17 Days	Blue Rid	ge Summit	7 - 3						
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION	ive street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?						
Washington County H	ospital			YES NO 5						
3. NAME OF Fir DECEASED (Type or print) (Tennal	Middle	lost	OF	Wanth Day Year						
	THE CITY OF THE CI									
Female White	y) Months Days Hours Min.									
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired	done 10b. KIND OF BUSINESS OR I	m t splanner at m		12. CITIZEN OF WHAT COUNTRY?						
House Wife		Heywor	th, Ill.	U.S.A.						
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME							
Samuel C. Van H	om	Anna	Kelly							
15. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT		Address						
(194, mo. or orangem)	et vice;	Mr. Ralph D	. Harmon, Blue	Ridge Summit Pa.						
18. CAUSE OF DEATH [Enter only one co	suse per line for (a), (b), and (c),]			INTERVAL BETWEEN						
PART I, DEATH WAS CAUSED BY:	Hamaki'a in an	fficiency		ONSET AND DEATH						
1 All DUE TO										
Cathering Co. Assess	conditions, if ony, which) (b) Splenomegaly with rupture of spleen									
gove rise to immediate	19 days									
cause (o), stating the under lying couse tost. Very course tost. Contract Contrac										
5 Coronary arter	iosclerotic hear	t disease		YES NO M						
200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCC		in Port I ar Port II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a. ps. 19	20d. INJURY OCCURRED While Not while of work at work	De. PLACE OF INJURY (Home, for factory, street, affice bldg.,	arm, 20f. (City or town)	(County) (State)						
21. I certify that I attended the	deceased from Feb	1/1 19 60 to 1	March 2 10	60 that I last you the days of						
alive an 2 -2-60				s and an the date stated above.						
		com occorred descent	ADDRESS (Street, city or to							
ACTUAL SIGNATURE	m. Witte	1 M.D. 998 Pote		erstown, Md. 3/3/60						
NAME (Type) Dalton W.	Welty M.D.	1								
220. BURIAL, CREMATION, 226. DATE THEREO	F 22c. NAME OF CEMETE	RY OR CREMATORY	22d LOCATION (City, tow	rn, ar county) (State)						
REMOVAL (Specify) Burnial 3/5/60	Нетплот	th Cemetery	Heworth	Illinois						
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			EGISTRAR'S SIGNATURE						
Malter of Great	Waynister	to, Far DATE	10 7 160 G	thy & Kine						
		<u>-</u>								

VS A15 (4) 15M 9/55



Reg. Dist. No.

2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)

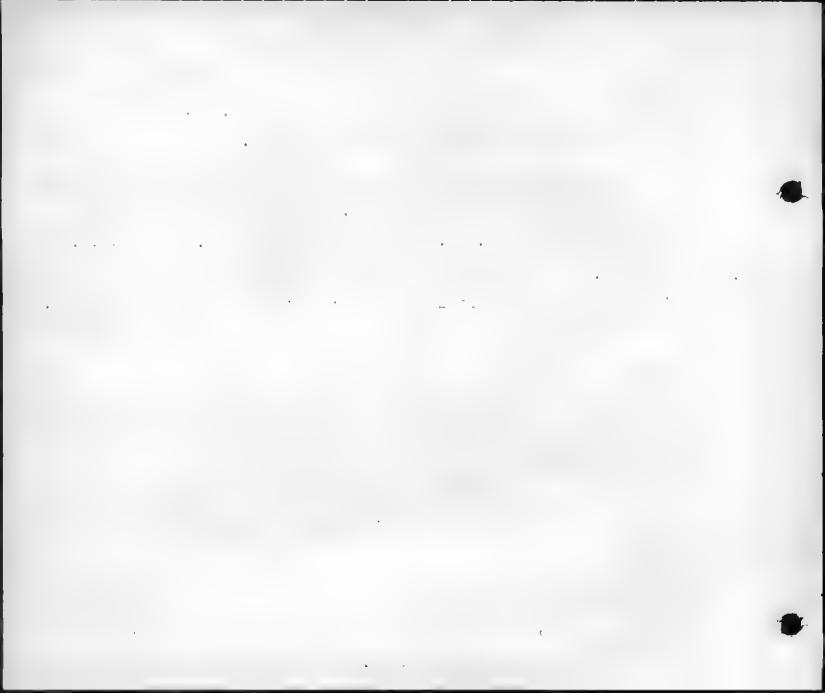
VS A15 (4) 15M 10/57

be retained by the haspital or attending physician.

J.FUNERAL DIRECTOR: After this certificate has been signed by the attending physpage 3 should be detached for use as the burial-transit permit. Then please remove the registrar prior to burial, cremation, ar remaval, and in any event within 72-haba

PLACE OF DEATH

	WASHINGTON	MARYLAND	MARYLAN	ID 6. COUNTY	WASHINGTON					
	b CITY OR TOWN (If autside corporate limits, write	c LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	utside carparate limits, write RU	RAL and give nearest town)					
	RURAL and give neorest town) HAGERSTOWN	FEW HOURS	FEW HOURS X CLEAR SPRING, MD.							
e s	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
- 1		HOSPITAL	MAIN STRE	ET.	YES NO 7					
	3. NAME OF First DFCEASED	Middle	Last	4. DATE Month	Day Year					
	(Type or print) EDWIN	DANIEL	HART	DEATH MARCI	H 6 1,600					
		T.	B. DATE OF BIRTH	9. AGE (In years last birthday)	FUNDER LYEAR IF UNDER 24 HRS Months Days Haurs Min					
	11ALE WHITE WIDOW			09 51 yrs	10					
	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS			12 CITIZEN OF WHAT COUNTRY					
	O = O A A A A A A A A A A A A A A A A A	V. MD. RAILR	V-1-2		U.S.A.					
-	13. FATHER'S NAME		14. MOTHER'S MAIDEN N							
#	DANIEL W. HART 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 III	CATHERI	NE FURRY	***					
= /	(Pes. no or unknown) (If yes, give wor or dates of service)			KLE CLEAR						
	18. CAUSE OF DEATH [Enter only one cause per lin	77-10-11-1	NAII IDA	INDICO CILI	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY	2011	andine	Failus	ONSET AND DEATH					
	IMMEDIATE CAUSE (o) DUE TO) in	i a care	- Tarre	a true,					
	Conditions, if any, which) (b) (Mrhosis of Liver									
	gove rise to immediate Couse (a), stating the under-		X		1					
	lying cause last. (c)		U							
0	PART II. OTHER SIGNIFICANT CONDITIONS C	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?								
	S land				YES NO					
	PANT II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in f	Part I or Port II of Hem 18)						
	S 20c. TIME OF INJURY Month, Day, Year 20d. It	NJURY OCCURRED 20e. PU	CE OF INJURY (Home, form	20f. (City or town)	(County) (State)					
	20c. TIME OF INJURY Manth, Day, Year 20d. It Hour o. m., 19 of warl	Nat while rec	lary, street, affice bldg., etc.)						
	21. I certify that I attended the decease	ed from Jan	2, 1960 to 1	Var 6, 1960	that I last saw the deceased					
	alive an March 6, 196	and that death	40 7	>	nd on the date stated above					
	A 'TOD			ADDRESS (Street, city or town, s						
	SIGNATURE ANTON	wer,	N D		3/8/60					
	PHYSICIAN'S DAVID P	Brawas	- Ph	Mhair	mal					
·	NAME (Type)	DIEWE	Gear	spring	1169					
	220 BURIAL CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY OF		22d JOCATION (City, town, or						
	BURIAL MAR. 9, 1960	ROSE HILL	CEMETERY	CLEAR SPRI	NG MD .					
. 1	John J. Clark CITY	AR SPRING. M								
	Charles Charles	ar Serring, M	D. Jovienzal	1000 Care	ms S. Kraus					
4	· ·									



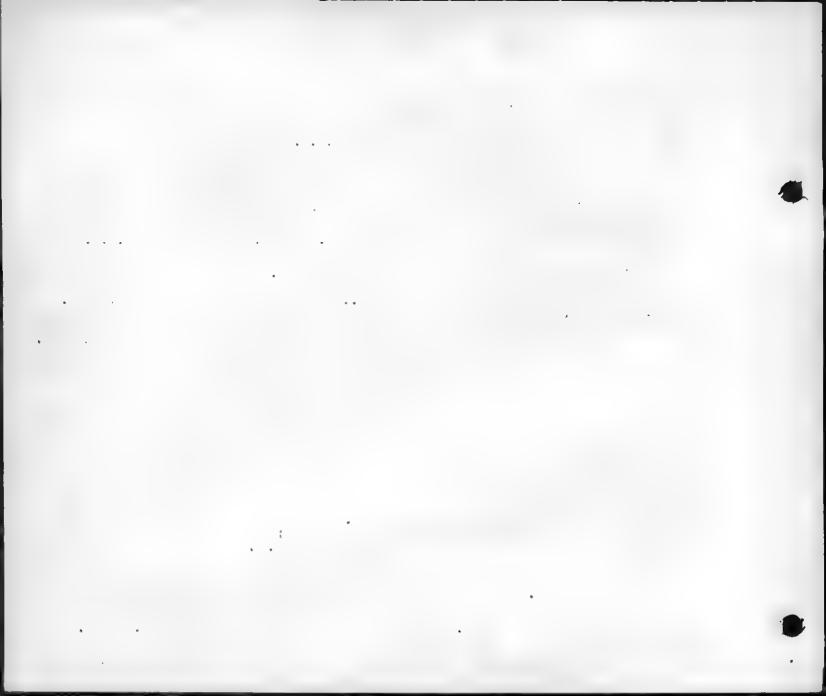
24 hours ofter death. Page 4

090

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please contain 72 hours offer dead and 2 shauld be filled with the State Board of Health prior to buriol, cremation, or remayal, and in any event, within 72 hours offer death. event, within 72 hours ofter deoth.

SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed v VR A1S (4) 15M 9/59

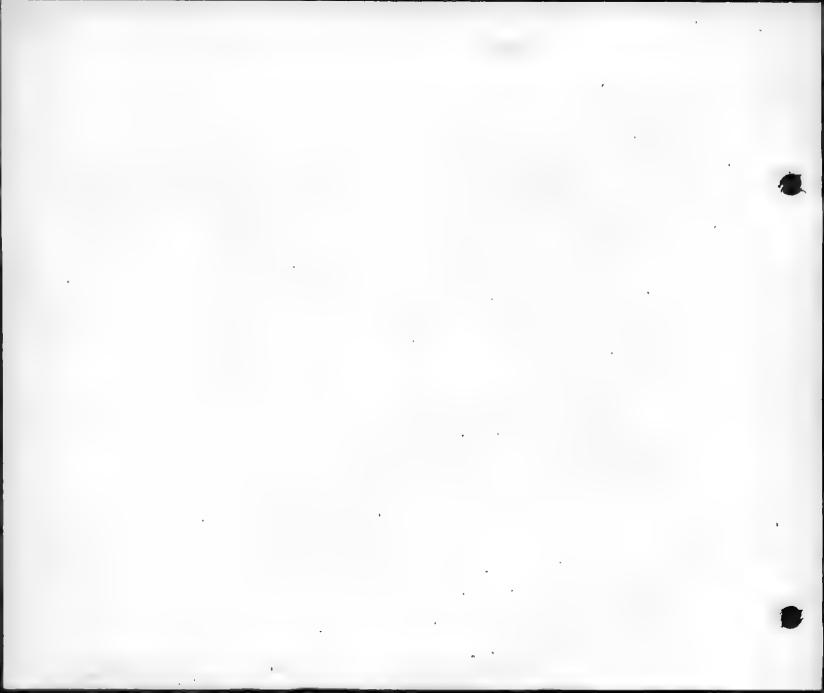
1. PLACE OF DEATH COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence a. STATE Hennsylvania b COUNTY Frankl	before admission)
b CITY OR TOWN (if outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	
RURAL and give nearest town) Hagerstown	2 months	Riral Chambersburg	15 X
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION GARLOCK Memorial Home	t address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	<u> </u>	R.F.D. # 3	YES NO N
3. NAME OF DECEASED (Type or print) JOHN	Middle RILEY	Lost 4. DATE Month OF DEATH March~	16 1960
S. SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	The state of the s	YEAR IF UNDER 24 HRS
male white widow	VED N DIVORCED	May 10, 1885 74 yrs. Manths De	oys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Farmer	, KIND OF BUSINESS OR INDU		NOF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Jacob Haulman		Harriet E. Thirtyacre	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16		NFORMANT Address	
(If yes, igve war or dates of service)	none	Mis June Haulman Chambersburg,	Penn.
18. CAUSE OF DEATH [Enter only one couse per I	line for (a), (b), and (c)]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ebral thrombo	naia	18 hrs.
3 3 2 X DUE TO	ODIGE OFFICE	J U Z U	20 1110
gove rise to immediate couse (a), stating the under-	rebral arter	losclerosis	2 month
lying couse lost.) (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 30 W/AS ALITOPSY
None	CONTRIBUTING TO DEATH BUT	NOT RECATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO A
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of Item 18.)	
Hour a.m. While	f	ACE OF INJURY (Home, form, 20f (City or town) (Cor ctory, street, affice bldg., etc.)	unty) (State)
21 I certify that (I) (this haspital) atten	ded the deceased fram	Jan. 23 1960 March 16 1960), that (I) (we) last
	1.519_60 and that a	death occurred at 53 345 from the causes and on the c	date stated abave
22a SIGNATURE		ATTENDING MED. STAFF	22b.DATE
22c. PHYSICIAN'S	"\	M D. PHYS DIRECTOR PHYS :	7/10/00
NAME (Type)	yman	Hagerstown, Maryland	
230 BUR AL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY 23d LOCATION (City, town, or county)	(Stote)
Birial 3/19/1960	St. Thomas Ce	emetery Franklin Co., 1	enn.
24-FUNERALDIRECTOR'S SIGNATURE	29-ADD9538 was (Sa	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGN	NATURE
tobet Dellin, ?	Thambersbu	Ja DATEMAR 21 '60 Circher & #	Saud.



Reg. Dist. No.

3900

Page director led with		1.	PLACE OF DEATH G. COUNTY V.ASHI.GTON MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. STATE MARYLAND COUNTY WASHINGTON
death.			b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGLRSTO N
urs after by the id 2 shar	×		d. NAME OF HOSPITAL (If not in hospital, give street oddress) PRINSTITUTION: E. h. 37.	d STREET ADDRESS LEE ST. 6 IS RESIDENCE ON A FARM? YES [] NO []
24 ho filled in			DAISY PEARL E	HENLESY 4. DATE OF DEATH Month 12 19 60
campletely copers. Pagath.			FIMALE WIDOWED DIVORCED	ATE OF BIRTH 9/19/1897 9. AGE (In yeors IFUNDER 1 YEAR IF UNDER 24 HRS Ost birthdoy) Months Days Hours Min.
and cam		104	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE HO.AL	11. BIRTHPLACE (Stote or foreign country) VEST VIEGINIA U.S.A.
<u>الم</u> ات م		13	3 FATHER'S NAME	MOTHER'S MAIDEN NAME
S C C C	4 1		ELMER PALMER	MARY SMITH
ific	-	15.	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO INFOR	MANT Address 1170 F 10 1011
death certificate ttending physiciar please remaye co vithin 72 hors or	_	[Ye	Yes, no, or \$100m) (If yes, give wor or dates of service) 219-20-4378 MF	R. JOHN LEPOY HINLSY AD.
ath ndin		F	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	INTERVAL BETWEEN
atter n ple				oma of Bladder (Grade 4) ONSET AND DEATH
the the The			181 DUE TO	
though the part of			Conditions, if ony, which) (b)	
ires ned erm			gove rise to immediate couse (a), stating the under-	
an. sit p			lying couse lost.	
sicic seen rons		20	PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION G.VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
phy as k ial-t	C	CATION	None.	YES NO W
IAN: The		CERT FI	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Ent. of Contributing Cause of Death (IF either, Notify Medical examiner)	ter nature of injury in Part I or Part II of item 18.)
att		Š	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE C	OF INJURY (Home, form, 20f (City or town) (County) (State)
PHY blar bis c		MEDICAL	Hour o.m. While Not while factory, of work of work	street, office bldg., stc.)
Spite spite for the form			21. I certify that I attended the deceased from Mar. 16,	, 1959, to March 12, 1960that I last saw the deceased
Aff Aff				curred at 9:20 PM, fram the causes and an the date stated above.
TER The The OR: etak				ADDRESS (Street, city or town, state) DATE SIGNED
OR AI ed by IRECT I be d	1		ACTUAL SIGNATURE M.D.	119 North Potomac St, 3-15-60
retain RAL D should	,		PHYSICIAN'S R. A. Bell, M. D.	Hagerstown, Maryland.
FUNER Poge 3 s	X.ef	220	20. BURIAL, CREMATION, 22b. DATE THEREOF, REMOVAL (Specify) 3/15/60 REVER VIEW	CEM. WILLIAMSPORT MD. (Stote)
5 5 g =	16.	23.	FUNERAL DIRECTOR'S SIGNATURE	24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/5B		4	Wil Morney Helsers low	MC DATELAR 1 7 '60 ONL & Kow



VS A15 (4) 15M 9/58 M

03858

		3907	CERTI	FICA	TE OF DEAT	Н		Reg. Di	ist. No.		·) • .
	PLACE OF DEATH				2. USUAL RESIDENCE (W	here deceased		on: Resider	nce befor	e admissi	on)
	WASHINGT	ON	MARI	rLAND		LAND	b. COUNTY	WASE	HING	TON	
	b CITY OR TOWN (If outside corr RURA, and after recreat town) HAGEHSTOUN)	orale limits, write	6 LENGTH OF STAY		CITY OR TOWN (IF	•	ote limits, write R	URAL and	give nea	rest town	
	NAME OF HOSPITAL (IF not in REPRESENTED TO CO	ONTY HO	SPITAL		/d STREET ADDRESS 815 VIR	GINIA	AVE.		4	ON A	FARMZ,
	NAME OF DECEASED (Type or print) JOHN	First	HENPY Middle	HE	RBERT	4. DATE OF DEATH	MARCH	th	100		eor 9 60
5	MALE WHI		RRIED NEVER MARRI	— ;	5/7/1894		9. AGE (In years lost birthday) O Dyrs	Months	Ogys	Hours	R 24 HRS Min
100	USUAL OCCUPATION (Give kind during most of warking life, even RETTRED DALES.	of work done 10t if refued)	SHOL FG				untry)	12.CIT	U.S	what co	DUNTRY
	FATHER'S NAME WILLIAM H. HE	RBERT			SARAH RO	WLAND					
15. (Ye	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16 or dates of service)	PLA-09-5	583	MAS. EVA	F. HŁ	HBERT Add	HAGI	MD.	OMN	
NOI	Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse last.	(b) DUE TO (c)			OBCLETOSIS		CONDITION GIV	EN IN PAR		WAS A PERFOR	UTOPSY
CERTIFICATION	POSSIBLE 8 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF (IF EITHER, NOTIFY MEDICAL EX.	IG 205 DE			clerosis (Enter nature of injury in	Part or Part	II of item 18)		į	YES 🗍	
MEDICAL	20c T ME OF INJURY Month, Hour a.m. p. m.	While	INJURY OCCURRED Not while Ink at work		CE OF INJURY (Home, formany, street, office bldg , etc.)		or town)	(County)		(Stote
	21 I certify that I attendative on March 11 ACTUAL SIGNATURE			death) 160 , ta M accurred at 6:30 b. 100 Prof	M, fram t	the causes an	d an the	e date	stated DATE	
220	PHYSICIAN'S NAME (Type) 200 W17		Layman.				Marylar			(State	
	EMORAT (Specify) 3/	14/60	POSE F		CEM.	HAC	ERSTO	V	11:).	1
13.	FUNERAL DIRECTOR'S SIGNATURE	nent	MODRESS	lo	2 1	D BY REGISTI					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2000 CEPTIFICATE OF DEATH

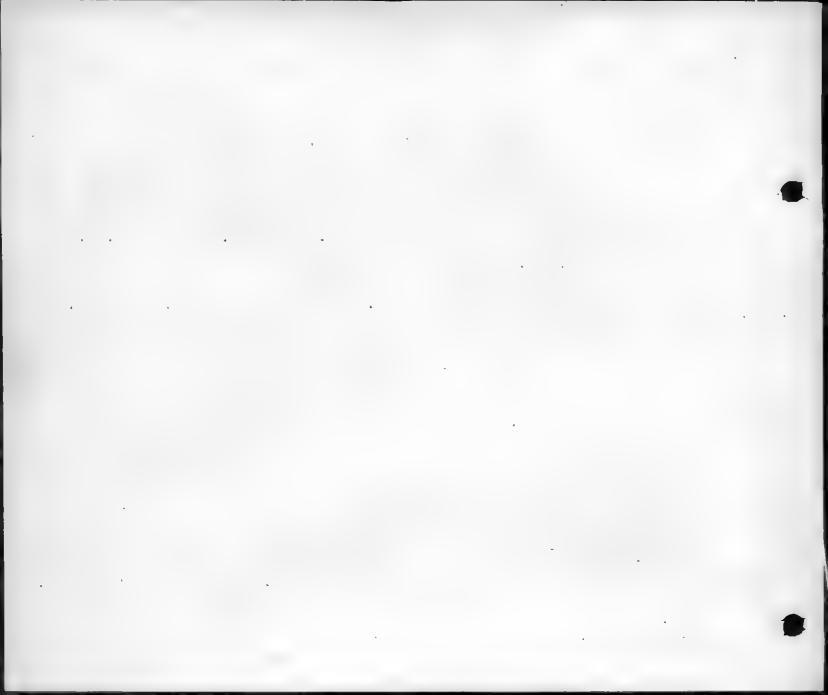
	3902 CERTIFICATE OF DEATH														
	1 (PLACE OF DEAT a. COUNTY	^H Wash 9 n	gton		MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington							
		RURAL and gi	VN (If outside ca ve nearest town)	rparale limit	s, write	c LENGTH OF STAY	(IN 16	c. CITY OR TOW		orporate limits	, write R	URAL and	give nec	arest town	n)
	H		DSPITAL (If not in	s haspital, gi	ve street o	2 month	1	XWillian / d. STREET ADDR						e. IS RES	
7	W.	es tern	Maryla	and S	tate	Hospita	1	120 S.	Vermon	it Str	eet	;			NO 2
	3. NAME OF DECEASED (Type or print) MolLie Myxtle						e	HIMES	4. DA OF DE		Mon 3		2	0	Yeor 1960
	s. s F¹e	emale	6 color		7. MARRI WIDOWE	DIVORCE	- tues	May 7 1	.882	9 AGE (n years rihday) yrs	Mprods	P2s	IF UND Hours	ER 24 HRS Min
	10a	during most of Housew	ATION (Give kii warking life, evi 71. T O	nd of work d on if ratired)	lane 10b. I	KIND OF BUSINESS O	OR INDUS	- cod	- '	Id.		12. (+)		S.	A A
		FATHER'S NAMI						14. MOTHER'S MA	IDEN NAME						
	2	amuel	Alexan	der i	Rowe			Emma	Ellen	Waren	fel	tz			
	15. 1701	WAS DECEASED		or or dates of se	(mana)	SOCIAL SECURITY NO	- 1	· Charle	es Rowe	e Will	Add 1am		t	Md.	
		1B. CAUSE OF	DEATH [Enter	anly one co	use per Jun	e for (a), (b), and (c)	.]							ERVAL BE	
•		Conditions, gave rise cause (a), sta	if any, which to immediate ting the under-	DUE TO	C	robral	77	neisme	bosis				6	_W	eeKs eKs
0	ATION	lying cause		CANT CONI	4	ONTRIBUTING TO DE		NOT RELATED TO THE	ETERMINALD S		ION GIV	/EN IN PA	RT 1(a) 1	9 WAS PERFO	DRMEDZ
	CERTIFICATION	OR CONTRIBU	T WAS UNDERLY	OF DEATH	20b. DESC	RIBE HOW INJURY O	OCCURRED	(Enter nature of inj	jury in Parl I a	Part II of iter	n 18)				
	MEDICAL	Hour o	NJURY Month, . m. . m.	Doy, Yes	While	Not while of work		CE OF INJURY (Hom tary, street, office blo		(City ar town)			(Caunty)		(Stale)
			that (I) (this	1.7	- 4	ed the deceased		fast, 20 eath accurred a		om the cau					
		22a. SIGNATU	6-16119	٤.	Ch	un'	,	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS		3 -	-20	-196	DATE SIGNED
		22c PHYSIC AT	Pel YOUX	E.	Ch	UN		22d. ADDRESS	15cc P	Bernel.	tve,	Ha	ger;	ston	n, M
	23a	BURIAL, CREM	ATION, 236. Da		F 3-60	Boonsbo	-	emeterv		ocation (city		or county)	44	(Sto	te)
	_		YOR'S SIGNATU		7/2	a// ADDRESS	7-7	77-7-1	B. REC'D BY RE			STRAR'S S	IGNATU	R€	

DATEMAR 2 2 160

Cally & Kraus

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filepromite the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w VR A1S (4) 15M 9/59

24 haurs after death. Page 4



03860
odmission) 7. TUA est town)
IS RES DENCE ON A FARM? Yes NO IN
1960
UNDER 24 HRS.
ours Min.

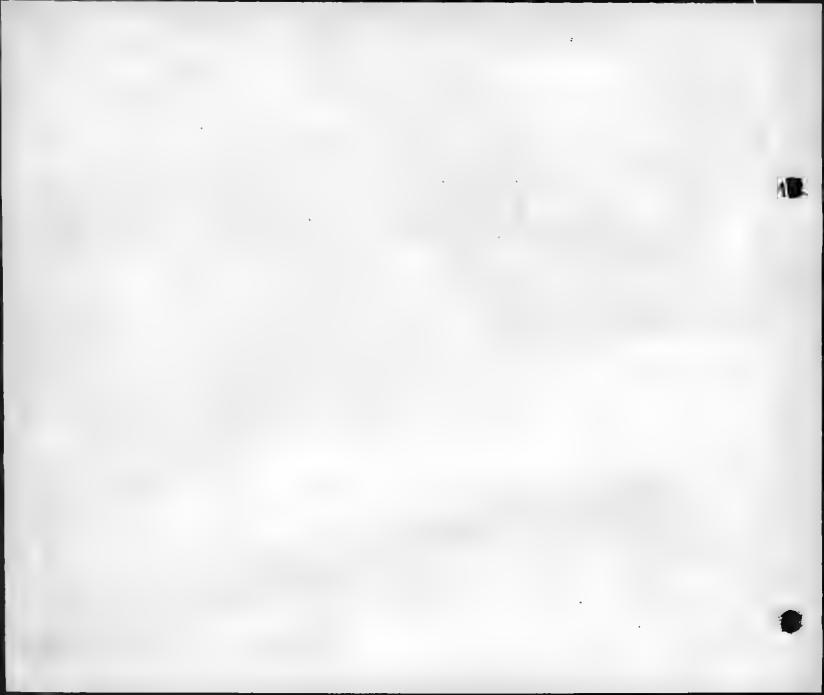
Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived	1. If institutions Resident	a before admission)
O. COUNTY Washing tous	MARYLAND	O. STATE Maryland	b. COUNTY Was	honeston
b. CITY OR TOWN If outside corporate light, write RURAL and give recreat to an a	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our de corporate I	imits, write RURAL and g	ive negrest town)
Hagerstown	15445	Hagerston	in	
d. NAME OF HOSPITAL OF INSTITUTION (If not in hospi		d. STREET ADDRESS		e. IS RES DENCE
Dead on Armel At Hos	pital washer.	1 E. Washington	5%	YES NO PO
3. NAME OF First-	Middle	Lost 4. DATE	Month	Day Year
(Type or print) William	M.	HOOVEY DEATH	narch 2	4 1960
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED .	DATE OF BIRTH 9. AGE	In years IF UNDER I	
Male White WIDOWED		July 1, 1907 52	yrs.	sys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. C) during most of working life, even if retired)	ID OF BUSINESS OR INDUSTR	11. BIDGEPLACE (Stote or foreign country)	12 CITIZI	N OF WHAT COUNTRY?
Cook Ke	staupart WOHK	Franklin Co.	lenne	USH
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN NAME	/ .	
unilliam F. Ho	OVRY	Bessie Ma	2++19	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S((Yan, na, or unknown) (iff yos, give war or dates of service)	OCIAL SECURITY NO. 17 IN	FORMANS	Address	0 - # 0
Yes Ward Wat II VIM	eblo to obtain Vita	- Robert Hooner	Hermonth	KDT/19
18. CAUSE OF DEATH [Enter only one cause per line fo	r (o), (b), and (c).]	1		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Gast;	rointestinal h	emorrhage, massive		within an ho
445 × DUE TO				77.011211 011 110
Aspin	ration of bloo	d		
gove rise to immediate couse	et anairra anadi	o-vascular disease wi	± 1.	years
The state of the s	ac hypertroph			ox. several
PART II. OTHER SIGNIFICANT CONDITIONS CON		O. Heating to the tensor republication worth		PERFORMED?
T 200 SYTEPHAL CALKE WAS 100h DECCRIPT	HOW INTERV OCCUPRED TO	the nature of later. In But I as But II as I have	10.1	YES 🔼 NO 🗌
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	TOW THEORY OCCURRED. (EN	ster nature of injury in Part I or Port II af item	(0.)	
1 × 1	£ 4	E OF INJURY (Home, farm, 20f. (City or town	n) (Count	(State)
Heur e.m. 19 While of work	Net while corre	ry, street, affice bldg., etc.)		
21. I certify that I took charge of the re	moins described obov	re, held an Autopsy 🔀, Inspect	ion [], Inquiry	. and find that
death resulted from: Natural causes 🔀			mined cause .	
		, Homelde , Onderer		
ACTUAL A MILL	16 2	CHIEF MEDICAL EXAMINER	~3/	DATE SIGNED
SIGNATURE		ASSISTANT MEDICAL EXAMINER	733	700
examiner's NAME (Type) Dr. E. W. Ditto.	T	DEPUTY MEDICAL EXAMINER 7		60
	2c. NAME OF CEMETERY OR C		The Assessment of the Control of the	(1)
REMOVAL (Specify) 3/27 /1960	0 1 11.11	P. L. P.	ity, town, or county)	1 · Q (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	Cedar Hill (emetry Greens		11 4 50- 14
AL DIA TIME	A	MAR 2 8 '60	246. REGISTRAR'S SIGN	Trans
TOUR ON THE MANNER	u culturate	DATE		

VS. A15ME(5) 5M 9/55

CARPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. It is necessary, please exertificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the perdication of the profiles of the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the pendil decided the saminer's Office along with form PM3. Page 5 may be retained to your files.

O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to buriol, cremation, or removal.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 RTIFICATE OF DEATH

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X

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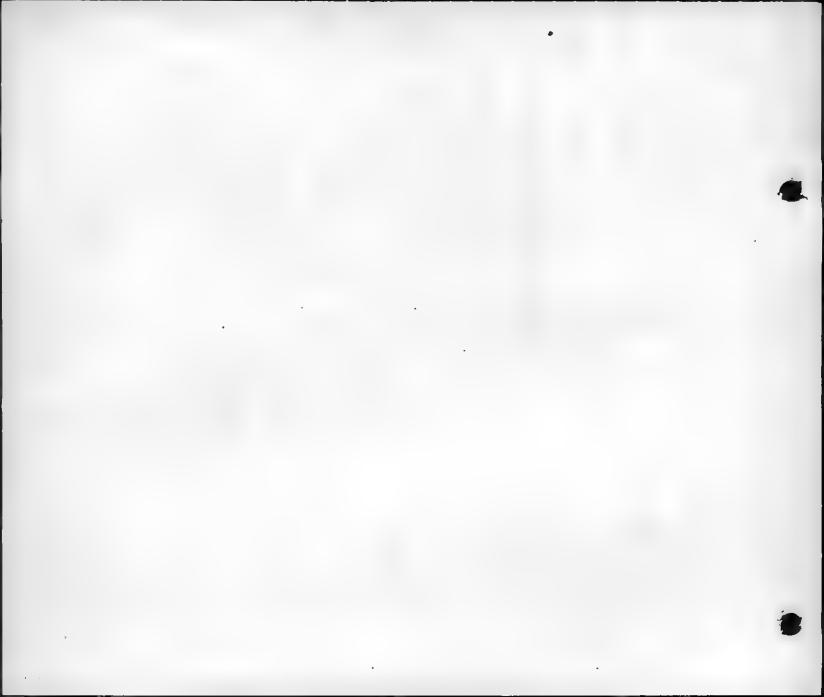
TO FUMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

24 hours after death. Page 4

POSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

0 VS A15 (4) 15M 10/57

	****	CERTIFICA	AIE OF DEATH	Reg. Dis	t. No. ೨ ೪ನ
o. COUNTY	n ton	MARYLAND	2. USUAL RESIDENCE (Where do STATE	deceased lived if institution. Residence by COUNTY ton	e before admission)
RURAL and give n	(If outside corporate limits, wr learest lown) STOTIN	c. length of stay in 16	c. CITY OR TOWN (If outside	e corporate limits, write RURAL and g	ive nearest town)
OR INSTITUTION	TAL (If not in hospitol, give st rginia Ave	reet oddress)	d. STREET ADDRESS	nia Ave	e. IS RESIDENCE ON A FARM? YES NO 15
3. NAME OF DECEASED (Type or print)	First LIM/IE	Middle	TANTEG	DATE Month Of DEATH Lurch 7 19	Doy Year 160 19
Fer ale	mov	MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH NOV 13 1901	1 2 1 2 2	1 YEAR IF UNDER 24 HRS Days Hours Min.
On USUAL OCCUPATION during most of wor House	rking life, even if retired)	Own Home	STRY 11. BIRTHPLACE (Stole or fo Riverton L		ZEN OF WHAT COUNTR
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Drayt	on Wilkinso	n	Gussie F	'isher	
IS. WAS DECEASED EVI (Yes no or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or doles of service)		nformant hester C. Jon	nes Illl Virgin	åa Ave
Conditions, if a gove rise to i cause (o), sloting lying couse lost.	the under-	adeno Ca	comme a	Curs	ONSET AND DEATH
<u> </u>				DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I	or Part II of ilem 18.)	
20c, TIME OF INJUI Hour o.m. p. m.	W	od INJURY OCCURRED 20e. PL /hile Not while fo work at work	ACE OF INJURY (Home, form, 20 clory, street, office bldg., etc.)		ounty) (State)
21. I certify the	nat I attended the dec		accurred at 3:15 HM	[ar7, 1960, that I le , from the causes and an th	e date stated abov
ACTUAL SIGNATURE	colon V	n Camp hel	M.D. 145W	Washing To	ST 3/7/
PHYSICIAN'S NAME (Type)	KoberT 1	1. h-Campbe	ell Has	ERSTOWY	md
PO. BURIAL, CREMATIC REMOVAL (Specify)	3/10/60	22c. NAME OF CEMETERY O		tocation (City, town, or county) agerstown Mash	(Stote) Co lai.
3. FUNERAL DIRECTOR		ADDRESS	24a. REC'D BY		NATURE
Andrew	K. Coffman	Hagerstown (i. MAR 9	60 Catha & Ka	o.A.

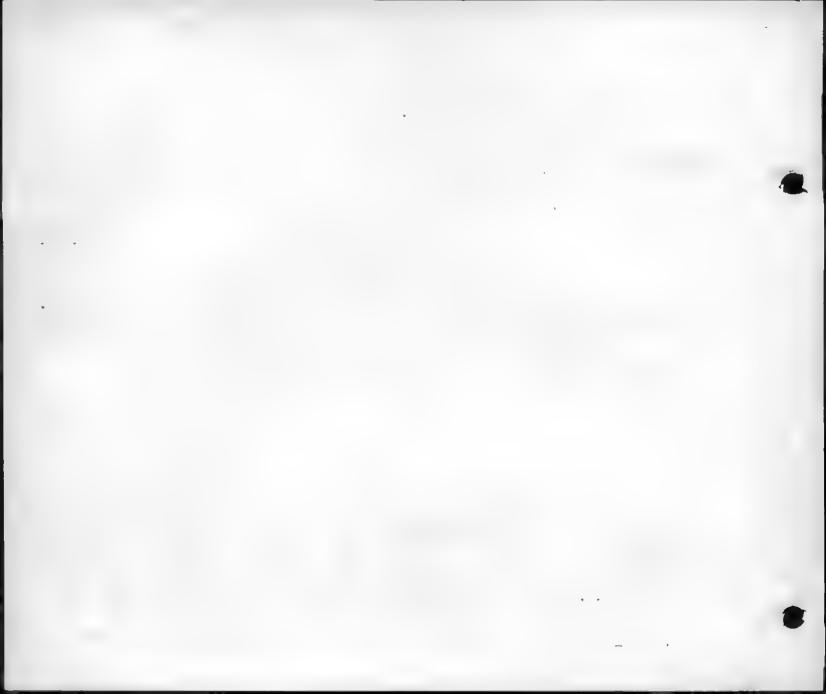


700/3						
1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W	/here deceased	lived. If institut		pefore admission)
Washington	MARYLAND	Maryland		0. 0001111	Washin	oton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corpo	rote limits, write f	RURAL and give	nearest town)
Rural Hagerstown	10 mins.	X Rural Ha	agersto	own crwc		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	et address)	d. STREET ADDRESS	. 0			e IS RESIDENCE ON A FARM?
Route 2 Hagerstown		Route #2				YES NO M
3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Moi	n#h	Day Year
(Type or print) Unnamed Baby	Girl	Kaufiman	DEATH	Marc	ch ?	21 19 60
5 SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 Y	
Female White WIDOW	WED DIVORCED	March 21,19	60	yrs.	Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stoke	e or fareign co	ountry)	12. CITIZEN	OF WHAT COUNTRY
wasing mast of working the, even it remedy	None	Maryla	and			U.S.A.
13. FATHER'S NAME	21,0000	14. MOTHER'S MAIDEN			-	0,000,000
Charles W Vantimon		Tananhin	. 17.	71-		
Charles M Kauffman	COCIAL CECURITY NO. 117 II	Josephine Josephine	9 10	oltz	Íress	
(Yes, no, or unknown) yes, give wor or detect of service)						
/No	NONE	<u> Charles M Kau</u>	ffman	Rt_#_2	Hager:	stown Md.
IB. CAUSE OF DEATH [Enter only one couse per	fine far (a), (b), and (c).)	1				NTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	rematurity	(5 MM))	10 111111
171/ Y DUE TO						
1101	•				-	
Conditions, if any, which (b)						
couse (a), stoting the under-					1	
lying couse lost. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEAS	E CONDITION GI	VEN IN PART 1(19 WAS ALTOPSY PERFORMED?
13						YES NO
PART II. OTHER SIGNIFICANT CONDITIONS OR CONTRIBUTING CAUSE OF DEATH OR FOR CONTRIBUTING CAUSE OF DEATH OF FITHER, NOTIFY MEDICAL EXAMINER	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part t or Pari	t II of item 18.}		
© OR CONTRIBUTING ☐ CAUSE OF DEATH USE (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	. INJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, for	m, 20f (City	or town)	[Cour	nty) (State
A Hour a. m. Whi	le Not while fo	ctory, street, office bldg., et		Or rown,	(COO	(31016
¥ p. m. 19 af w	ark ot work		1			
21 I certify that (I) (this haspital) atter	nded the deceased fram.	21/13/0 . 19	206 to 2	2/11/ar	1960	that (I) (we) as
saw the deceased alive an 2/My		death accurred at	M. fram	the causes ar		
22a. SIGNATURE		acom accorde or		1110 000303 01	TO GIT IIIC O	22b DATE
The March		M.D. PHYS.	MED DIRECTOR	STAFF PHYS	/	7, Min LSIGNE
22c. PHYSICIAN'S		22d, ADDRESS	DIRECTOR [PHT5		211101 623
NAME (Type)		EAG. ADDRESS				
F.F. Lusby						
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d. LOCA	TION (City, town,	or county)	(State)
REMOVAL (Specify) Burial 3/22/60	Rest Haven	Cometer	Нал	gerstown	Mary]	land
24 SHALEDAL DIORCTOR'S SIGNIATURE	ADDRESS		C'D BY REGIST		ISTRAR'S SIGN	
Suter - Rouzet Funera	Hagerstown Ma		MAR 2 3 '		william S. F.	
Hamma III Oligen	VITEOT DOOMIL L'E	TATALIA DATE II				
The way is first.						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. TO VR A15 (4) 15M 9/59

24 haurs after death. Page 4

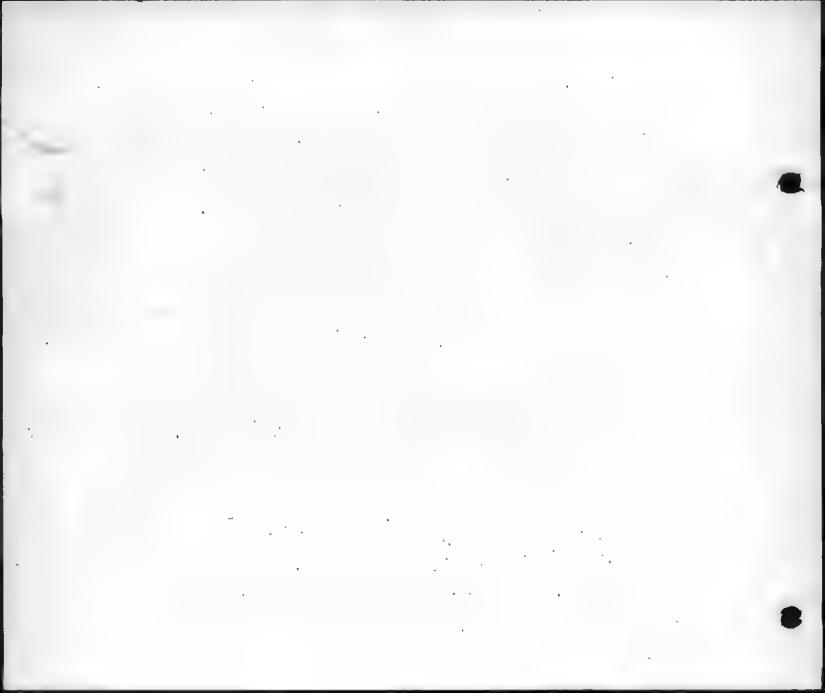
PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi



VS A15 (4) 15M 9/58

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	3944	CERTIFICA	ATE OF DEATH		Reg. Dist.	No.
	proporate limits, write c.	7	c. CITY OR TOWN (If ou	AVAnia .	COUNTY s, write RURAL and giv	e nearest tawn)
d. NAME OF HOSPITAL (If not in OR INSTITUTION WITH IT AMS PO	1 07 11.		d. street address 150 E. G	veen J	t.	e. IS RESIDENCE ON A FARM? YES NO E
3. NAME OF DECEASED (Type or print)	Julius	Middle &	Kempter		Month arch	Day Year 4 1960
	te WIDOWED		8. DATE OF BIRTH	68 lost b	rthdoy) Months D	YEAR IF UND 24 HRS
100. USUAL OCCUPATION (Give kind during most of working life, ev	en if retired)	tire (M.D.	German	4	12.CITIZE	S. A.
13. FATHER'S NAME Pmbrose 15. WAS DECEASED EVER IN U. S. (Yes, no, or whitnown) [If yes, give w	Kempter ARMED FORCES? 16. SO	CIAL SECURITY NO.	14. MOTHER'S MAIDEN NY Maria a NFORMANT JEKEMPT	rischme	O'r CO CONGUE	// /
18. CAUSE OF DEATH [Enter PART I. DEATH WAS C IMMEDIA' Conditions, if any, which gove rise to immediate couse (a), stating the under- lying cause lost.	AUSED BY, TE CAUSE (o). DUE TO (b).	er (a), (b), and (c). I	2.2		14/113/2/(3/	INTERVAL BETWEEN ONSET AND DEATH
PART H OTHER SIGNIF	CANT CONDITIONS CON	Senil	NOT RELATED TO THE TERM NO.	tevio S	choire	(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month,	While	RY OCCURRED 20e. PL Not white of work	ACE OF INJURY (Home, form, ctory, sites) office bldg., etc.)	20f. (City or town) (Ca	unty) (State)
21. I certify that I attended alive on 110 rc	ended the deceased 14 1961	O_, and that death	occurred ot 10 1991	A, from the co	uses and on the	sow the deceosed date stated above DATE SIGNEE 3 - 1-6
		.D.	Williams			
220. BURIAL, CREMATION, REMOVAL (Specify)	2. 8 1900	STENGER H	OR CREMATORY	FT. LOUDON	ty, town, or county) V, FRANKLIN	Co. PA
23. FUNERAL DIRECTOR'S SIGNATURE CREAT CONTROL TO	Re Rouger	ADDRESS HAGERST	OWN MO DATE MAI		Cuthun S. A	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

1960

ON A FARM?

YES NO T

Year

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO K

> > (Stote)

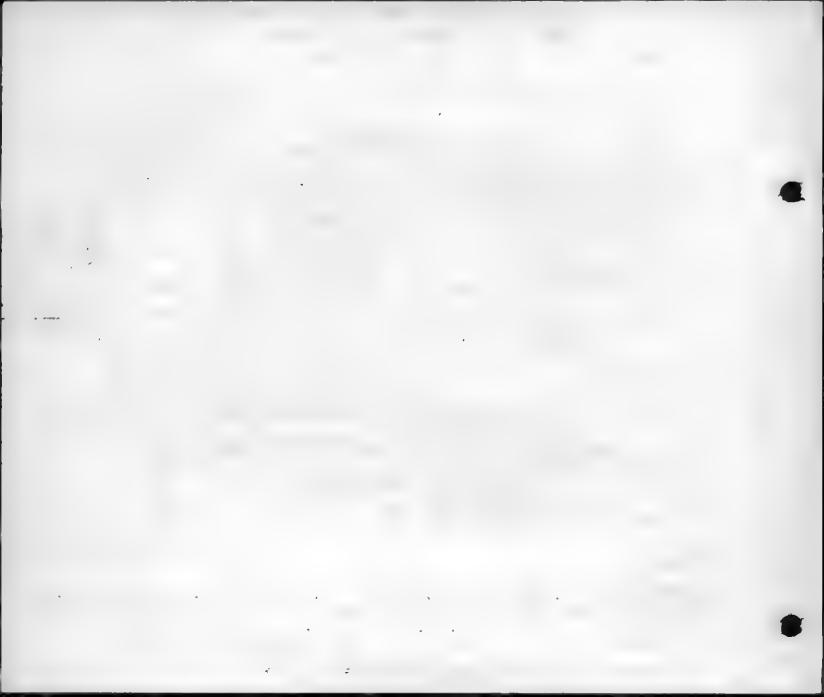
DATE SIGNED

(State)

(County)

Min.

haurs after death. Page certificate be



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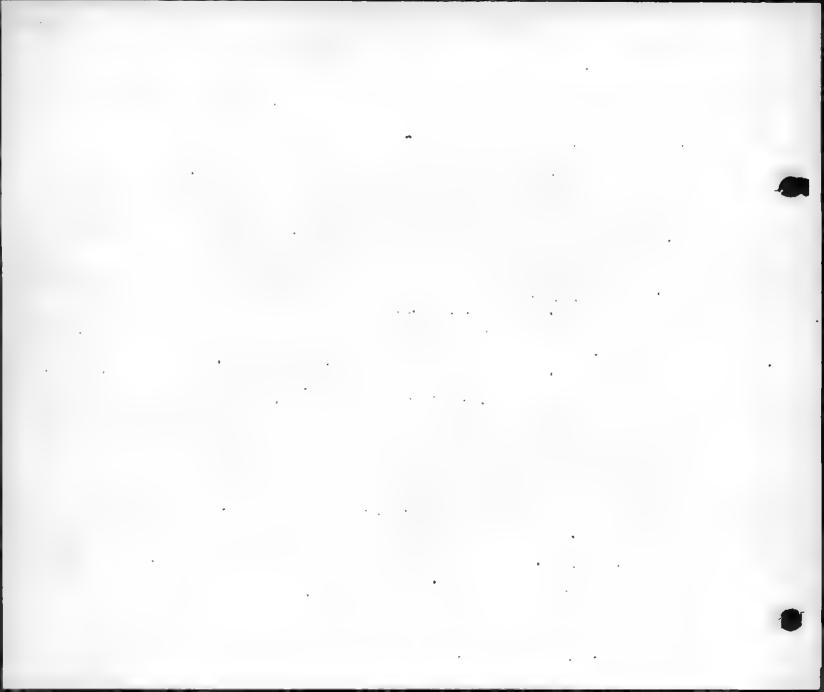
CEPTIFICATE OF DEATH

P3864

				CERTIFICA	<u> </u>	- 01 01	A			Reg. D	ist. No.		
	PLACE OF DEATH	SHINGTON		MARYLAND	2.		CE (Whe		l lived. If institution b. COUNTY		nce befo		sian)
l	b. CITY OR TOWN (IF	autside carporate limit	ls, write c. Ll	EIFE				VILL	rate limits, write R E	URAL and	give ned	orest tawr	1)
	d. NAME OF HOSPITA OR INSTITUTION WASHINGTO	N. (If not in hospital, gi			- Posti	LLAVER		E.					PARMS
1	NAME OF DECEASED (Type or print)	SHER		MAXwLLL		KIN S ŁY		4. DATE OF DEATH	MARCH	th	Do 2	1/6	Year
5. 9	MALE	6. COLOR OR RACE WHITE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. D/	ATE OF BIRTH 6/21/19	918		9. AGE (In years last birthday) 4 Lyrs.	Manths Manths	R 1 YEAR Days	Haurs	R 24 HR Min
0a	USUAL OCCUPATIO during most of worki SALES MAN	ng life, even if retired)		OF BUSINESS OR INDU	JSTRY		(State a		ountry)	12. CI		WHATC	OUNTRY
3	GEORGE (G. KINSEY			14	STAII		ME BAKER					
		IN U. S. ARMED FORE				RS. PH	YLLI	S B.	KINSEY	ess VIAI	JG AN	MD.	
-		TH [Enter only one course the CAUSED BY: IMMEDIATE CAUSE (c)	use per line for		~0	hàc F	Fa	Lus	ie.			ERVAL BE SET AND - Z 1	
	Candilians, if an		Co	monan		OC	cl	usi	ion		3	'yea	us
	gave rise to in cause (a), stating t lying cause last.	DIJE TO	_ Co	monany	/	artes	rio	sela	vosis		L	ride	2
CATION	PART II OTH	ER SIGNIFICANT CON	DITIONS <u>CONT</u>	RIBUTING TO DEATH BY	TNOT	RELATED TO THE	ETERMIN	IAL DISEASE	CONDITION GIV	'EN IN PA	RT 1(a) 1	PERFC	AJTOPS RMED?
CERTIFI	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	☐ CAUSE OF DEATH	20b DESCRIBE	HOW INJURY OCCURRI	ED. (Er	nler nature af inj	jury in Pa	ort I or Part	11 of item 18.)				
MEDICA	20c. TIME OF INJURY Have a.m. p. m.	Manth, Day, Yeo	While			OF INJURY (Ham street, affice bld			or town)		(County)		(Stal-
	21. I certify the	of I attended the	deceased for	rom 6/1/3	£7_	_, 19, to	4.0), 19 <i>6Q</i> ,				
	ACTUAL D	J. 2. 4 1/1	Com	unh old	** 0	145			reet, city or town,		57		E SIGNE
	PHYSICIAN'S RINAME (Type)	BERT V.	L. Car	npbell	, M.D.	1/20	GE	R 570	wn	md	<u>, </u>		L:-/
22a		1, 22b. DATE THEREO		NAME OF CEMETERY OF ROSE HIL				22d. 10CAT	ION (City, town, of			(Stat	(e)
23.	FUNERAL DIRECTOR'S	SIGNATURE /	Hazer	ADDRESS	1	240	a REC'D	BY REGIST	RAR 246 REGI		IGNATU	RE	

24 haurs after death. Poge 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be Thed with the registrar prior to buriol, cremation, ar remayol, and in any event within a hope after death. PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

VS A15 (4) 15M 9/5B



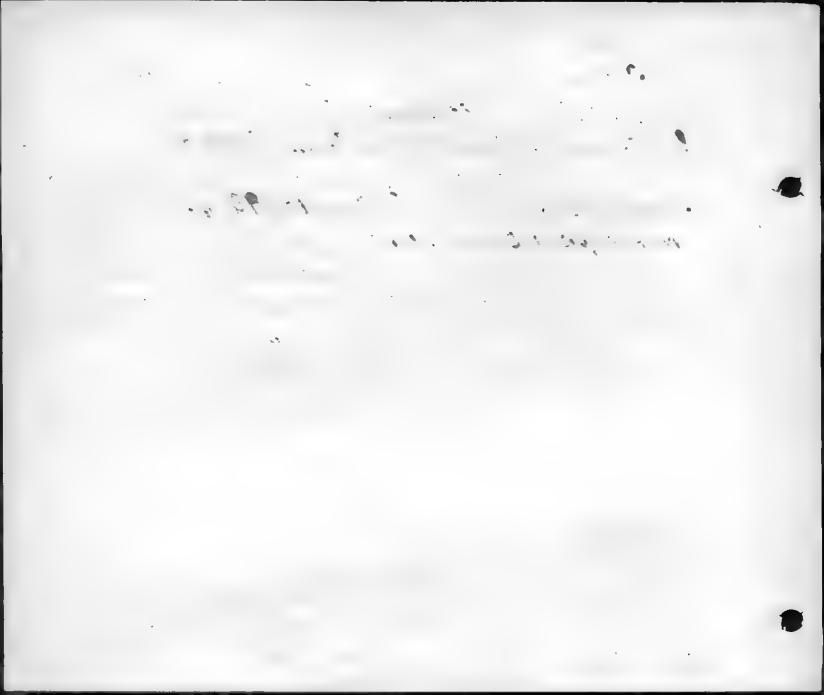
CERTIFICATE OF DEATH

	<u> </u>	7 10 12 27 3	/ < 1/ (1)			
1. PLACE OF DEATH	1		2. USUAL RESIDENCE (W		If institution- Residence	e before admission)
11/1201	acrest we	MARYLAND	mar	Mun D	Tu de	levert !
by CITY OR FOWN (If outsid	le corporate imits, write c, t	LENGTH OF STAY IN 16	E. CITY OR TOWN	outside corporate lin	nils, write RURAL and g	ive nearest fown)
RURAL and give negrest	traces 1	Ala meni	T CHUI	800 - 72	(Res.)	1
d. NAME OF HOSPITAL (IF	not in hospital, give street oddri	ess)	d STREET ADDRESS	CJR. I.	MILLOUS !	e IS RESIDENCE
DR INSTITUTION	mar. A.	1C+16.	i 1731 UFA 11	11104117	THILLIUI	ON A FARM?
- DURINA	11111141111	11 11 11 11 11 11 11 11 11 11 11 11 11	T. Unillian	I M KOLL	INTHE ENTRY	YES NO Z
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Yeor
(Type or print)	Grace	EdwiNa	Knapp	DEATH	march	11 1960
5 SEX / 16 CC	DLOR OR RACE 7. MARRIED	NEVER MARRIED	B DATE OF BIRTH	9 AG	Charles and the second	YEAR IF JNDER 24 HR
Semale in	Salta WIDOWED F	DIVORCED [april 13	1873 %	birthdoyl Months	Doys Hours Min
100 USUAL OCCUPATION (GI			STRY 11. B RTHPLACE ISTO	ter.suisian country)		EN OF WHAT COUNTR
during most of working life	even firet red)	-n/ 1/000	r I Annin	1/ 1/10/	1 1	1.00
NURSE	VICTOR EVILLI	EN HUSP	4 TUKIAI	V /Y//C/	r, u	13141
13. FATHER'S NAME	1 11		14 MOTHER'S MAIDEN	NAME	,7	,
J. red to	1. Amaka	5_	AANAL C	nollar	Duml	101271
15. WAS DECEASED EVER III J		AL SECURITY NO. 17 II	NFORMANT		Address	
(Yes. no, or unknown) (If yes, g	eve wor or defes of service) 2/9	-36-27/	no French	. 111 mi	TT. s. MAST	Beauting 1
ID CAUSE OF BEATH IS	inter only one couse per line for	e (a) (b) and (a) 1	10001000144	vy effen	doseld fre s 211	INTERVAL BETWEEN
PART I DEATH WA			1	1		ONSET AND DEATH
	DIATE CAUSE (o)	neranzed	carcinom	a 10515		6 mos,
170 X	DUE TO	0				
Conditions, if any, wh	nich) (b) Ca	creinoma,	of breast	left		Unknows
gove rise to immedi couse (o), stating the un	iole (/			
lying couse lost.	(c)					
Z PART II. OTHER SIG	SNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE CON	D TION GIVEN IN PART	1(o) 19. WAS AUTOPS
OF PARI II. OTHER SIG	,	_				PERFORMED?
	The Designation		D 45 1		10.1	YES NO
OR CONTRIBUTING CA	USE OF DEATH	E HOW INJURY OCCURRE	D. (Enter noture of injury is	n Port or Port !! OF !	iem ip)	
3 20c. TIME OF INJURY MO	nth, Day, Year 20d, INJUR	Y OCCURRED 20e. PL	ACE OF INJURY (Home, far	rm, 20f (City or tov	(n) (C	ounty) (State
Hour a.m.	While	IAOI MUUE	ctory, street, office bldg., e	tc.)		
-	1 OI #6/K	of work				
21.1 certify that <u>(!)</u> {	(this haspital) attended	the deceased fram	Dec. 10 1	959, to 1720	11CW // 19 6	A that (I) (we) la
saw the deceased a	live on March 11	19.60 and that a	leath accurred at	M, from the o	auses and an the	date stated above
220 SIGNATURE				7	*	22b.DATE
7/201	Ter L. Ran	now.	M D PHYS	MED STA	FF (S	Marchill
22c PHYSICIAN'S			22d ADDRESS			77
NAME (Type)	or L. Ram	205	western	maryland.	state work	1. Henorton
						Tregershan
23a BUR AL, CREMATION, 23 REMOVAL (Specify)	DATE THEREOF 23	NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town, or county)	(elots)
Burnel	3/14/60	WYN 108VI	de comeles	in ME	VIMARADO	ex Ind.
24 FUNERAL DIRECTOR'S SIGN	LATURE /	ADDRESS =		D BY REGISTRAR	256 REGISTRAR'S SIC	SNATURÉ
4.5 min	sero h. love	Thomastic	Mile . DATE M	AR 1 5 '60	arthur S.	Kinis

TEMENTEAL ELECTOR: After this certificate has been signed by the attending physician one camplete of filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, or remaval, and in any event within 72 hours diter death. PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi

VR A15 (4) 1SM 9/S9

24 haurs after death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3/18/60. QB tem 3. telephone carl-Schimunek Fun . Home Reg. Dist. No. 302 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Washington Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL E LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give nearest town) weeks Rural Hagerstown Hagerstown 9 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS St. Paul & Methodist Church R.F.D. KOZAK NAME OF 4. DATE Middle Month DECEASED (Type or print) Kozae DEATH the regit Marie March 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS. los: birthday) Months WIDOWED TO DIVORCED | August 28, 1880 2 with 1 Female White yrı. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Czechoslovakia Housewife Pa Pages 1, 2, age 5 may t 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Sveboda V. Svoboda 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unknown) lif yes, nive war or dates of service) Gye Adolph J. Kriz Hagerstownm none 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: CORONARY OCCIUSION IMMEDIATE CAUSE (o) DUE TO ARTERIOSCLEROTIC HEART DISEASE Canditions, if any, which gove rise to immediate couse Sub DUE TO (o), stoting the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ő 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) orwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 st Not while o. m. at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X. Chief Natural causes (), Accident . Suicide . death resulted fram: Hamicide . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER DR.E.W.DITTO NAME (Type) 220. BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOYAL (Specify) 14/1960 0 Burial Meadow Ridge Cemetery Ral timore

VS. A15MEI51 SM 9/55

FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

YES NO PA

Year

Hours

Marvland

INTERVAL BETWEEN ONSET AND DEATH

LNCTANI

YRS

(State)

DATE SIGNED

(Stota)

1960

Day

9

Dova

U.S.A

PERFORMED? YES [NO 🗆

Inquiry , and find that Undetermined couse

ADDRESS

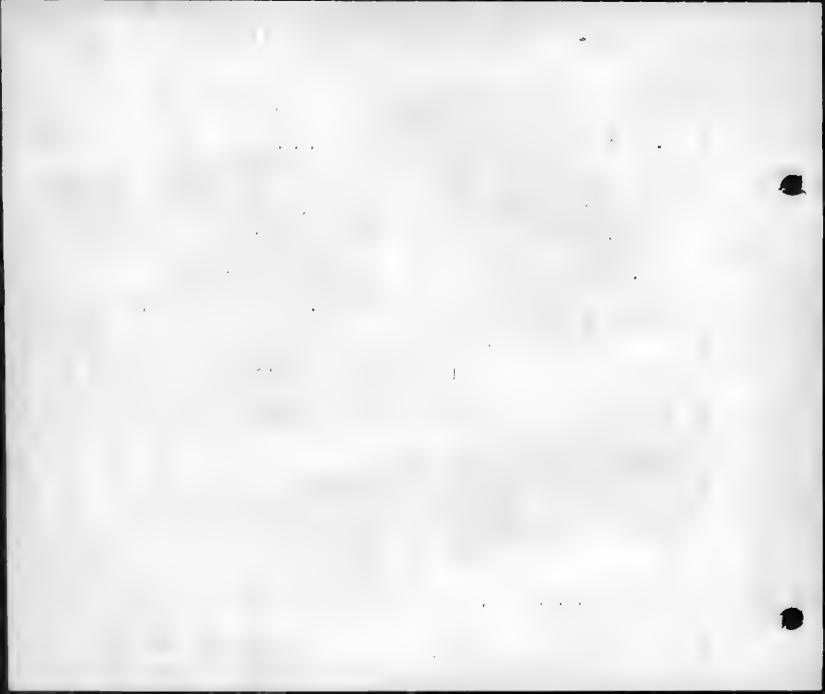
Baltimore. Maryland

(County)

Maryland

24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

Curchy of Thousa



MARYLAND STATE DEPARTMENT OF HEALTH

2000

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

03867

	9903	CERTIFICA	TE OF DEATH		
1	PLACE OF DEATH O. COUNTY Seah inshow	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marvla)	ere deceased lived If institution R b. COUNTY	lesidence before admission)
7	b CITY OR TOWN (If culside exporate lim RURAL and give nearest lawn) Hager Stown	its, write c. LENGTH OF STAY IN 1b	Landov	utside corporate limits, write RURAL	ond give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION MATURE)	give street address) nd State have been Hospita	d. STREET ADDRESS	tis Street	e. IS RESIDENCE ON A FARM? YES NO NO
3	NAME OF DECEASED (Type or print) FDWIN	rst MELVIN	LONG	4. DATE Month OF DEATH MARCH	Oay Year (1960
S.	Male 6 COLOR OR RACE White	7- MARRIED NEVER MARRIED NO NEVER MARRIED DIVORCED	8 DATE OF BIRTH January 13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NDER 1 YEAR IF UNDER 24 HRS.
10	a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired Clerk	done 10b KIND OF BUSINESS OR INDU U.S.GOVIT.		or foreign country) r. Maryland	2 CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME William M. Long		Bessie	V. Bennett	
	WAS DECEASED EVER IN J S ARMED FOR (If yes, give wor or dotes of NO NONE	service)	nformant rs.Christab	Address (oll7 Otis St. Landover, Mā.
	18. CAUSE OF DEATH Enter only one co		PERITON	11715	INTERVAL BETWEEN ONSET AND DEATH
	gove rise to immediate	PERFORATION			2 WEEKS
7	couse (o), stoling the under-	G (GIANT FOLLICU.	LAR LYMPHCE	BLASTOMA 195	5) 2 YEAR
CERTIFICATION		NDITIONS CONTRIBUTING TO DEATH BUT			PERFORMED?
	200 ACC DENT WAS UNDERLYING OF ONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c TIME OF INJURY Manth, Doy, Ye Hour a m, p. m. 19		ACE OF INJURY (Home, form ctory, street, office bldg, etc.		(County) (State)
	21 I certify that (I) (this hospital saw the deceased alive an M		and a	## A 2	
	220 SIGNATURE GETTE	Beren		ED STAFF PHYS A	MARCH SIGNED
	22c PHYS CIAN'S NAME (Type) PR. GEO!	RGE BERCU	HAGER	STOWN, MARYL	A AVE.
	Burial March]	LO 1960 Cedar Hi	11 Cemetery	23d. LOCATION (City town, or co	Marvland
24	. FUNERAL DIRECTOR'S SIGNATURE W. W. CHAMBERS	CO., Riverdale	250. REC'I	D BY REGISTRAR 256 REGISTRA	R'S SIGNATURE

DATE

Cirting S. Kraus

VR A15 (4) 15M 9/59



K

Reg. Dist. No.

1,	o. COUNTY V	SHINGTON		MARYLAN	o. STATE MAI	YLAND				
	b city or town in		RURAL	LIFE	e city or town		porate limits, write	RURAL and give n	neorest town)	
	26 L.	ERANKLIN	f not in hosp ST.	pital, give street address)	M. STREET ADDRESS	FRANK	LIN ST.		e, IS RESIDENCE ON A FARM? YES NO	
3.	NAME OF -DECEASED (Type or print)	CHARLES		Middle HOWARD	LUSHBAUGH	4. DATE OF DEATH	Month AAF C		Year 19 60	
	MALE	VHITE	WIDOWED		JULY 👭	1894	9. AGE (In years lost birthday) 5	Months Days	Hours Min.	
-1	o. USUAL OCCUPATION during most of working RETIRED P	a life, even if retired)		O. N BUSINES		ote or foreign c	country)		S.A.	
	3. FATHER'S NAME CHAPLES H. LUSHBAUGH 14. MOTHER'S MAIDEN NAME .1ARGARET V. GATES									
15	. WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT MR. GEO	DRGE W	. LUSHL		GFF5.TP	
	PART 1. DEATI	H (Enter only one cou H WAS CAUSED BY: MMEDIATE CAUSE (o)	se per line f	or (o), (b), and (c).				INTE	RVAL BETWEEN ET AND DEATH	
	Conditions, if on gove rise to immed	y, which) (b)	(intime.	election	Heart	Low	in 6	5 yes	
	(o), stoling the underlying DUE TO couse lost. (c)									
CERTIFICATION	PART II, OTH							` '	PERFORMED? YES NO A	
-				HOW INJURY OCCURRED	(Enter noture of injury in P	art I or Port II	of item 18)			
MEDICAL	Hour a.m. p. m.	Y Month, Day, Yea	While		ACE OF INJURY (Home, fo ctory, street, office bldg., e	orm, 20f. (City elc.)	or town)	(County)	(Stote)	
		_		emains described at , Accident , S	· · · · · · · · · · · · · · · · · · ·	_	nspection 4 , and the determined c		, and find that	
	ACTUAL SIGNATURE	w The	0	the second	M.D. CHIEF MEDICAL	EXAMINER [3/	DATE SIGNED	
	EXAMINER'S NAME (Type)	BENG	7,7	- 7 2	ASSISTANT MED DEPUTY MEDICA			721	60	
22	O. BURIAL, CREMATION	3/23/6	50	BALTIMORE			TION (City, fown, of LTI, IOR.	or county) .VID.	(State)	
23.	FUNERAL DIRECTOR'S	SIGNATURE	1 1/2	ADDRESS		C'D BY REGIST		STRAR'S SIGNATUI		
T.			/	()	1					

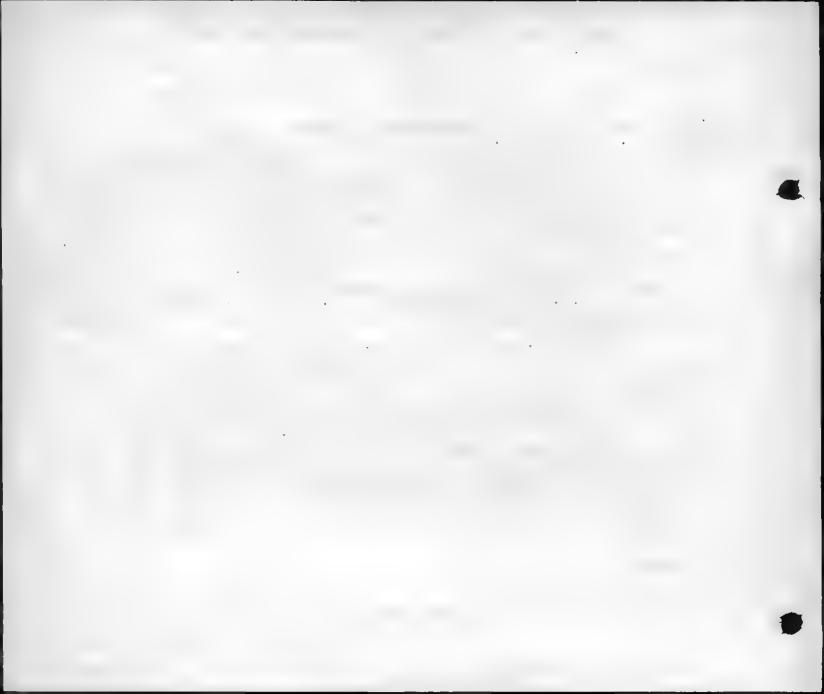
The DEPUTY MEDICAL EXAMINIR: This certificate shauld be executed within 24 and softer death.

The DEPUTY MEDICAL EXAMINIR: This certificate shauld be executed within 24 and softer death.

The the certificate, writing the ward "pending" in geneil in Item 18. Given Pages 1, 2, and so the property of should be forwarded to the Chief Medical Examiner's Office olong with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages/Tame with the registror prior to buriol, cremation. VS. A15ME(5) 5M 9/55

ar removal.



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

2011

CERTIFICATE OF DEATH

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ļ.,		0311		OLICITI-	971	2 01 0						
Ī	PLACE OF DEATH					o. STATE		_	d lived. If institu	V		
L	1	va shington		MARYL			Maryla			mas	hing	
1	b. CITY OR TOWN RURAL and give	(If outside corporate limi nearest town)	ts, write	c. LENGTH OF STAY II	N 16	CITY OR T	OWN (If or	ulside corpo	rote limits, write	RURAL ond gr	ve negrest	town)
L	Hagersto			20 years			erstor	m				
L	_ OR INSTITUTION	TAL (If not in hospital, g		,		d. STREET A			+			RESIDENCE
_	Washingto	on County Ho	spit	a.L		60 Wes	st Ant	ietar	Street		YE	S NO 🔂
43	B. NAME OF DECEASED (Type or print)	HAROLE		Middle GEORI	Œ	MARTIN		4. DATE OF DEATH	March	onth	Doy 15	Year 1960
1	male	6. COLOR OR RACE white	7 MARE WIDOWI	RIED NEVER MARRIEI ED DIVORCED		April 2,)	9 AGE (In year lost birthdoy) 50 yr	Months [JNDER 24 HRS ours Min.
1	On USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	TRY 11 BIRTHPL	ACE (Stote o	or foreign c	ountry)	12.CITIZ	ENOFWE	HAT COUNTRY?
L	Tavern Ov					Chamb	persbu	irg, P	a.	U.	S.A.	
i	3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	Ge	orge W. Mar	tin			Mi	innie	Marga	ret Win	ger		
1	5 WAS DECEASED EN	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 IN	FORMANT			Ac	ldress		
L	no			14-09-3774	Mr	s. John	Monte	omery	Hage:	estown,	Mary	yland
ľ	18. CAUSE OF D	EATH [Enter only one co	use per li	ne for {o}, (b), and (c).								AL BETWEEN
ı	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Her	stic coma								ays
	58/, Due to											
1	PART II. O	THER SIGNIFICANT CON	<u> </u>	CONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PART	1(o) 19. V	VAS AUTOPSY
1	Š 0 e	esophageal	var	rices								erformed? S 🔲 NO 🔏
	OR CONTRIBUTION	VAS UNDERLYING A IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter noture of	Finjury in F	ort Lor Por	t 11 of item 18.)			
	20c. TIME OF INJU Hour o. m p. m	10	While	NJURY OCCURRED Not while k of work		CE OF INJURY (Fory, street, office			or town)	(Ca	ounty}	(State
		nat (I) (this haspital asea alive an Ma										
ı	220 SIGNATURE	dies are direct		22.3 17.100 dila 1	iliai ae	sam discorrec	A	Pa .	mic caoses c	ing an me	date sic	22b DATE
l	1///	11. 1 kg	man		N	ATTENDING	ME DI	D.	STAFF PHYS		3/10	6/60 SIGNED
l	220 PHYSIG AN'S NAME (Type)	22200	7 -	7		22d. ADDRE			N	- 3		1-4
		Widdiam T	· rej	yman M.U.			agers	own,	Maryla	THC.		
1	23a. BURIAL, CREMAT)F	23c NAME OF CEME	TERY OR	CREMATORY		23d. LOCA	TION (City, town	, or county)		(Stote)
	REMOVAL (Specifical	" 3/18/196	0	Rest Have	en C	emeterv		Hap	erstown.		Mar	wland
	4. FUNERAL DIRECTO		T I	ADDRESS			25a. REC'I	D BY REGIS	TRAR 256 RET	SISTRAR'S SIG	NATURE	J
	12 Francisco	er Funeral	поте	Hagerstown	1. Me	d.	DATEMA	R 1 8 '6	0 0	ribur S. 1	trapa	

FOR EPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 124 haurs after death. Page For retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fixed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death

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VR A15 (4) 15M 9/59

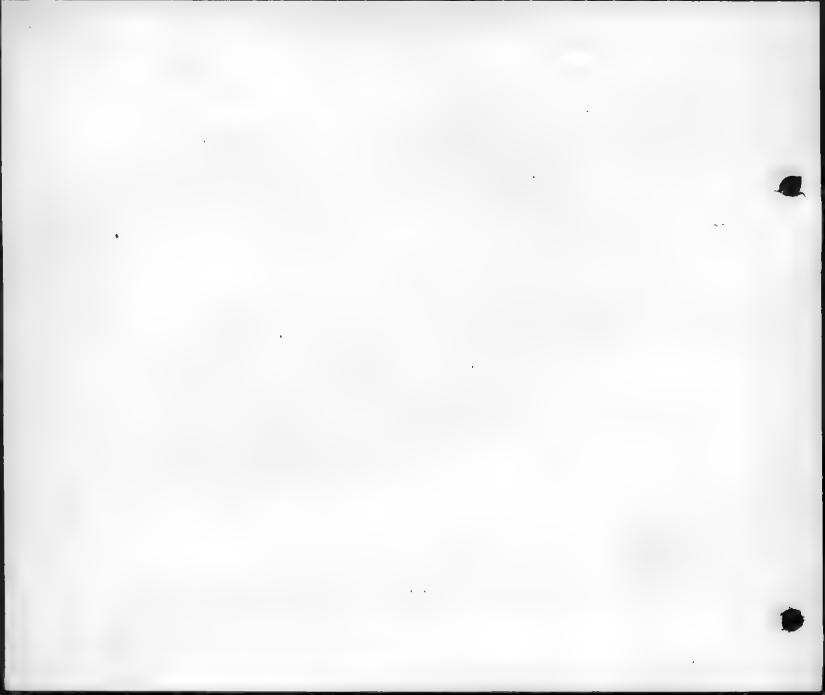


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

	3912 CERTIFIC	AIE OF DEATH										
	1 PLACE OF DEATH COUNTY Washington MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Res dence before pdm ssion) o. STATE NO b. COUNTY Washing To N										
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) 114927570 W N 3 do-1/S	c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)										
1	d. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION Washington, County	d. STREET ADDRESS Main St. o. IS RESIDENCE ON A FARM? YES \(\sigma \) NO										
	3. NAME OF DECEASED (Type or print) Mary Elizat	eth McCerty 4. DATE Manth Day Year of DEATH Mar. 7 1960										
\	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	last birthdoy) Months Days Hours Min.										
	100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	Md , 12.CITIZEN OF WHAT COUNTRY?										
	Foseph H. Pierce	14 MOTHER'S MAIDEN NAME Evaline Hull										
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wer or dates of service)	John a. Mc Carty Main S't. Haucocs										
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CEREBRAL VASCULAR HEMORRHAGE 2 DA											
	gove rise to immediate	CARDIOVASCULAR DISEASE UNKNOWN										
	couse (a), stating the <u>under-</u> lying couse lost. (c)											
2	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DIABETES MELLITUS	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES X NO										
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Port I or Port II of item 18.)										
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. While Nat while at wark at work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (Stote										
	21 I certify that (I) (this haspital) attended the deceased from											
	saw the deceased alive an MARCH 1-19 60 and the	at death accurred allP, M, from the causes and an the date stated above. ATTENDING M.D. PHYS. DIRECTOR PHYS										
	NAME (Type) ARCHIE ROBERT COHEN, M.D.	22d. ADDRESS CLEAR SPRING, MARYLAND										
	230 BUR AL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 3/1/60 Rose Hill	Y OR CREMATORY 23d. LOCATION (City town, or county) (State) / CRMETERY (IRAT SPring Md.										
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	25g. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATEMAR 1 4 '60 Cultury S. Human										

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Baard of Health prior to burial, cremation, or remaval, and in any event, within 72 harrs after death PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed OI VR A15 {4} 15M 9/59

24 haurs after death. Page 4



ADDRESS

Waynesboro, Pa.

24b REGISTRAR'S SIGNATURE

arthur S. Thank

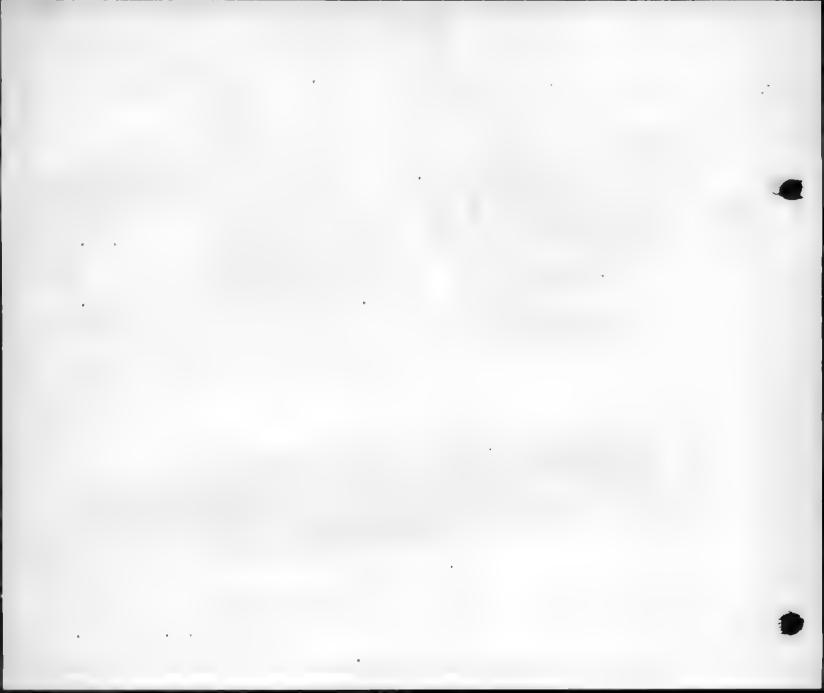
24g, REC'D BY REGISTRAR

DATE MAR 1 4 '60

VS A15 (4)

23 FUNERAL DIRECTOR'S SIGNATURE

havrs after death. Page



CERTIFICATE OF BEATH

<u> </u>	913	CERTIF	TCA	IE OF DEATH		Reg. Dist. No.	302	
1. PLACE OF DEATH			TI.	USUAL RESIDENCE (Who	ere deceased lived If institu	ition: Residence befor		
Washington		MARYL	AND	Maryland	Washing	ton		
b CITY OR TOWN (If outside corporate RURAL and give nearest town)	e limits, write	c LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If or	utside corporate limits, write	RURAL and give nea	rest fown)	
Hagerstown		11 Yrs		03 Hager	stown			
d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION	tal, give street	oddress)		d STREET ADDRESS			IS RESIDENCE	
718 West Era	nklin	St		118 Wes	t Franklin	St	YES NO	1
3 NAME OF DECEASED	First	Middle		Lost	4. DATE M	onth Day	Yeor	-
(Type or print) CRIST	1 17	PRESTON		MERTZ Sr	DEATHWAICH 2	33 1960	19	
5. SEX 6. COLOR OR R	ACE 7 MARE	HED NEVER MARRIED	В	DATE OF BIRTH	9 AGE (In year	IF UNDER 1 YEAR		\$
Male Whit	e widow	ED DIVORCED		Feby 8 188	9 71 yr	Months Days	Hours Min	
10a USUAL OCCUPATION (Give kind of a during most of working life, even if re	vork done 10b.	KIND OF BUSINESS OR	INDUSTI	11 BIRTHPLACE (Stote	or foreign country) PE	12 CITIZEN O	F WHAT COUNT	RY
Pipe Cutter	F	Retired		Middlebur	g Franklin	Co US	A	
13. FATHER'S NAME				14 MOTHER'S MAIDEN N	AME			
Henry Mertz Mary Ann Brumbaugh								
15. WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO.	17 INF	ORMANT		ldress.		
No	_		Mr	s Flora M.	Mertz 718	W. Frank	klin St	b
18. CAUSE OF DEATH [Enter only o	ne couse per li	ne for (a), (b), and (c)]		Hagerstow	n Md.		RVAL BETWEEN	
PART I. DEATH WAS CAUSED IMMEDIATE CAU	SE (o) A	rterioscle	erot	ic Heart D	isease	13	years	
21.0	IE TO							
Conditions, if ony, which	(b)							
gove rise to immediate Di	IE TO							
lying couse lost.	(c)							_
PANT II. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	IVEN IN PART 1(0) 19	PERFORMED?	1
3	0:	steoarthri	itis	•			YES NO	
PART II. OTHER SIGNIFICANT 200 ACCIDENT WAS UNDERLYING E OR CONTRIBUTING II CAUSE OF DE UIF EITHER, NOTIFY MEDICAL EXAMIN	ATH	CRIBE HOW INJURY OC	CURRED	(Enter nature of injury in P	ort I or Port II of item 18.)			
20c. TIME OF INJURY Month, Doy,	Year 20d, li While of wor	Not while	PLAC foctor	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote	e)
21. I certify that I attended	the deceas	ed from Out C	ober	11 ₁₉ 50 ₁₀ Ma	rch 23, 10 6	Othat I last sa	w the decem	500
glive on March 22	19 (30 and that a	death o	courred at 2:20	AM, from the couses	and on the dat	e stated abo	100
/7		fact.			LDDRESS (Street, city or town	n, state)	DATE SIGN	

ACTUAL

Andrew K. Coffman Hagerstown Md.

119 N. Potomac Street

Hagerstown, Maryland.

PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, REMOVAL (Specify) Burial

22c NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, lown, or county)

(Stote)

Burial 3/26/60
23 FUNERAL DIRECTOR'S SIGNATURE

Rest Haven Cemetery

K.A.Bell, M.D.

Hagerstown Wash Co Md
By REGISTRAR 246 REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE MAR 2 8 '60

Orthur S. Krous

VS A15 (4) 15M 10/57

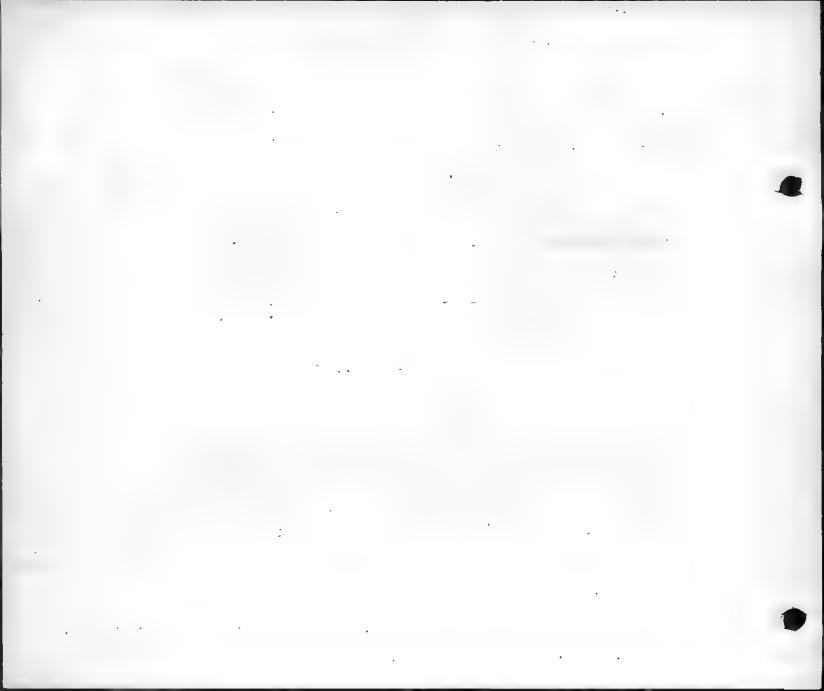


VS A15 (4) 15M 9/5B 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3914 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived if institution: Residence a STATE 1 nd Tashin ton	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and gi	ve nearest town)
Hagerstown	05 Hagerstow	
d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION 1371 Vireini Ave	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO T
	1311 Virginia Ave	TES [] NO []
3. NAME OF DECEASED Middle	Lorin 4. DATE Month DEATH 1. TCh 4. 196	Day Yeor
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS
1_1e Thite WIDOWED DIVORCED	Feby 35 1885 75 m	Days Hours Min.
100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or fareign country) 12.CITIZ	EN OF WHAT COUNTRY
Test 1 Employed Retired	H sersiown Wash Clad	UCA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
David Harry Jorin	Lartha Summer	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address	
No \$14-16-0738	Mrs Irene E. Lorin 1311 Virg	inia Ave
18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	Hagerstown i.u.	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coracle are arle	rey throubeses	10 minutes
LL-43 2 DUE TO		
	Ideart Discose	quin.
Qove rise to immediate r	1 dewit giserse	14thes
cause (a), stating the under-		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	RED. (Enter nature of injury in Port I or Port II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. P Hour a.m. p, m, 19 While Not while of work of work	PLACE OF INJURY (Hame, farm, 20f (City at town) (Co	ounty) (State
Hour a. m. While Not while	octory, street, office bldg., etc.)	
	251 . 214 . 2621	
21. I certify that I attended the deceased fram 7/7	, 19 <u>51</u> , to <u>3/4</u> , 19 <u>60</u> ,that I last	
alive on 1/2,2 , 1960 , and that deat	th accurred at 12 12 M, from the causes and an the	
1 // 00 '	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE KINGE KUNING	MO 136 W Washington St.	3/5/60
PHYSICIAN'S GEORGE -TENNINGS	Hagerstonin Md	/ /
220. BURIAL, CREMATION, 296. DATE THEREOF 22 NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify) 3/6/60 Rose Hill	Cemetery Hugers own "as. 5	10 · d
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGI	NATURE
Andrew K. Coffm n Bayerstown Ed	DATE MAR 7 '60 Conthur 8	



VS A1S (4) 15M 9/58

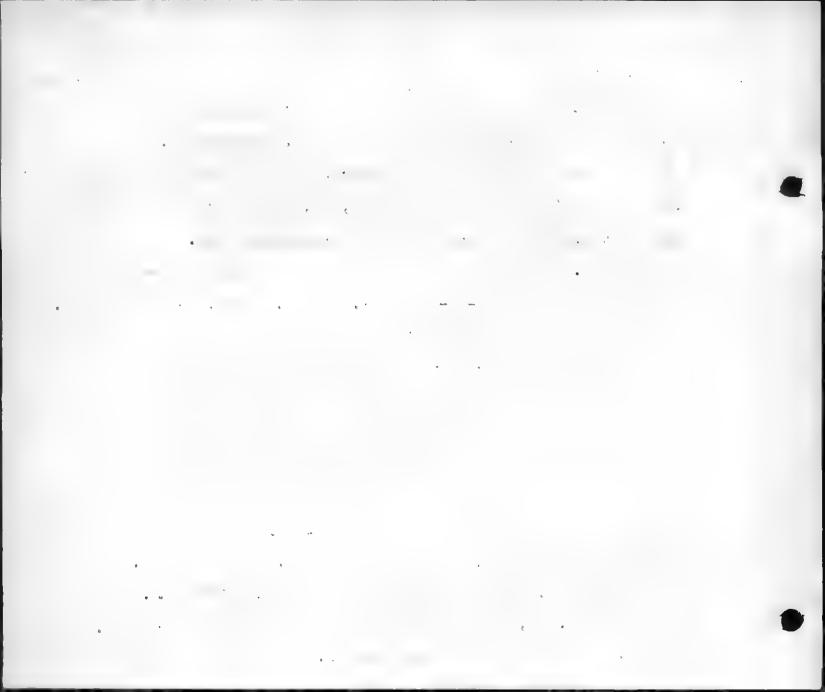
12

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03874

		•		Ke	g. Dist. No.
1. PLACE OF DEATH o. COUNTY Was	hington	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution: R and b. COUNTY	tesidence before admission) Washington
b CITY OR TOWN	(If autside corporate limits,	write c LENGTH OF STAY IN 16		outside corporate limits, write RURAI erstown	L and give nearest town)
	PITAL (If not in hospital, give		d. STREET ADDRESS	Franklin St.	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	John	Middle Thomas 1	lost V urray	4. DATE Month	Day Year 16 19 60
s. sex Male		MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	lost birthdoy) Mo	INDER 1 YEAR IF UNDER 24 HRS onths Days Hours Min.
10g. USUAL OCCUPA during most of w Night Wa	orking life even if retired)	Retail Store	STRY 11. 8IRTHPLACE (Stote Clearsp		2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN I		
Jol			AUCONI SALT	Delilah Ted	lrick
(Yes, no. or unknown)	(If yes, give wor or dates of service	e)	rs. Mary R.		ratown Md.
	EATH [Enter only one couse EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c),]	Thi-m	herin	ONSET AND DEATH
Conditions, if gove rise to couse (a), statin	immediate DUE TO	Arterio	sc/ezusis		Years
ZO PART II O		IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND TION GIVEN I	N PART 1(a) 19. WAS AJTOPSY PERFORMED? YES NO
(IF EITHER, NOTII	VAS UNDERLYING 200 G CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Part I or Part II of item 18.)	
20c. TIME OF INJU) ₄		ACE OF INJURY [Home, form ctary, street, office bldg., etc.		(County) (State
21. I certify alive an	that I attended the de Mor 16 Dedon Sife			from the causes and a ADDRESS (Street, city or lown, state Washington St	n the date stated above DATE SIGNE
NAME (Type)		pachlander		agerstown Md.	
220. 8URIAL, CREMAT REMOVAL (Specif Burial		1968hanktown	Cemetery	22d. LOCATION (City, town, or co	(Stote)
23. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	24a. REC		R'S SIGNATURE
Scott F.	Minnich &	Son Hagersto	DATE B	III II OU	and T' Abbune



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03875

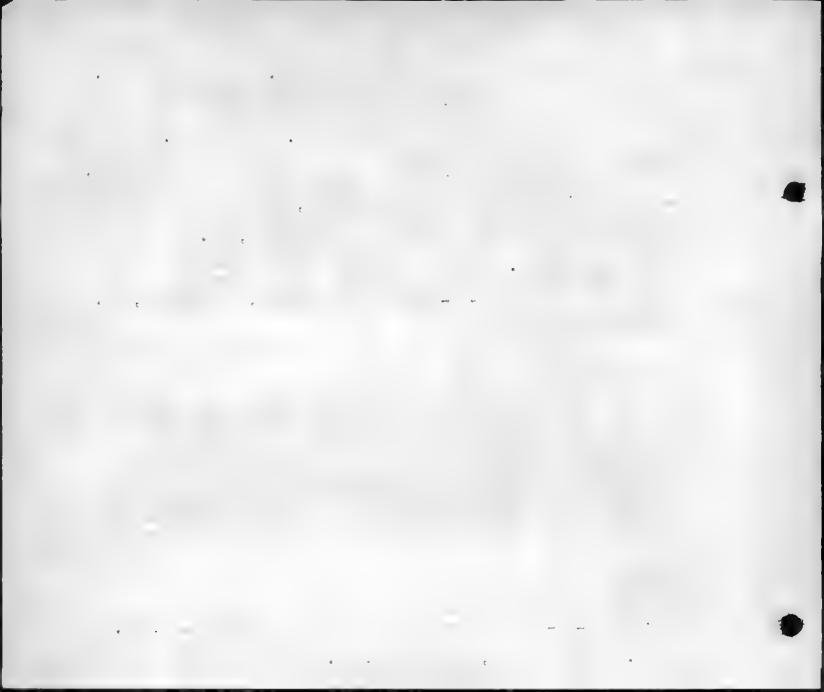
				Reg.	Dist. No.
), PLACE OF DEATH o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (V o. STATE MG	Where deceased lived. If institution: Resi	dence before admission) B.Sh.
b. City or town (if and give neotest fown) Hagerst		c. LENGTH OF STAY IN 16		foutside corporate limits, write RURAL a	nd give nearest town)
d. NAME OF HOSPITA	AL OR INSTITUTION (If not in h	nospital, give street address)	/d. STREET ADDRESS 426 W.	Franklin St.	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF OECEASED (Type or print)	Robert	Preston	Negley	4. DATE -Month OF DEATH Marc	h 28, 1960
s. sex male	6. COLOR OR RACE 7. MAR WIDOW	VED DIVORCED		.901 58 yrs. Months	R IYEAR IF UNDER 24 HRS. Days Haura Min
100. USUAL OCCUPATION during most of working drive:	g life, even if retired)	tax1 cab	,	own, Md.	ITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	William P. I	Negley	14. MOTHER'S MAIDEN N	Ida Mae Pot	ts
15. WAS DECEASED EVE (Yes. no. of whitnown)	ER IN U. S. ARMED FORCES? 11 (If yes, give wer or dates of service)		rozmant erman Negl	ey, Hagerstown,	Md.
PART I, DEAT	TH (Enter only one cause per lin H WAS CAUSED BY: IMMEDIATE CAUSE (e)	e for (o), (b), and (c).]	, Doch	mi	NTERVAL BETWEEN ONSET AND REACH CONSET AND REACH
Conditions, if or gove rise to immed (o), stating the u	liote couse	Chr. t	Myour	ud to	The fine
couse lost.	(c)				
TATE TO THE TATE OF THE TATE O		CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
	SE WAS 206. DESCR	IBE HOW INJURY OCCURRED. (En	nter nature of injury in Por	1 I or Part II of item 18.}	
20c. TIME OF INJUR Hour o. m. p. m.	Wh		E OF INJURY (Home, form ry, street, office bidg., etc.	n. 20f. (City or town) (C	ounty) (State)
		remains described above	•	y 🔲, Inspection 🚰, Inqu	iry 🔲, ond find the
deoth resulted	from: Natural causes	Accident , Suic	ride [_], Homicide	, Undetermined couse [_ .
ACTUAL SIGNATURE	1 Ell S.	ilh)	_M.D. CHIEF MEDICAL EX		DATE SIENED
EXAMINER'S NAME (Type)	DENTI	Ties	ASSISTANT MEDICAL	. —	7/60
22a. BURIAL, CRÉMATION REMOVAL (Specify) burial	3-30-60	22c. NAME OF CEMETERY OR C	Cemetery	22d. LOCATION (City, town, or county) Hagerstown, M) (Stote)
23. FUNERAL DIRECTOR'S	S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 246, REGISTRAR'S S	IGNATURE
Scott F. 1	linnich & Sor	n, Hagerstown	Md DATE	MAR 3 1 '60 Chilm	S. Kinus

FPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. In y delay is necessary, please exected should be the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the runneral director. Page 4 should be warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

VS. A15ME(S) 5M 9/55

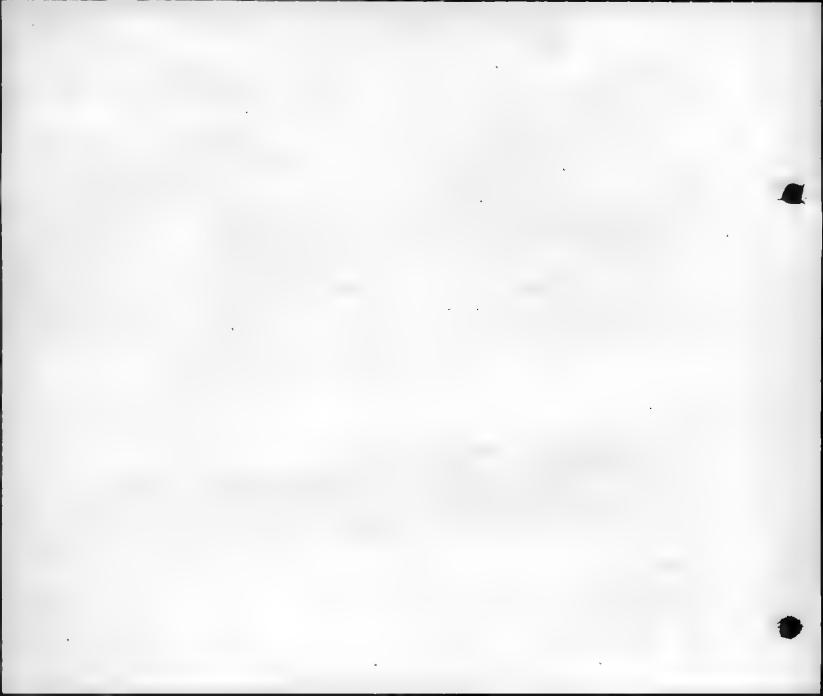
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ATT	20	del	0	
O MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	be retained by the hospital or attending physician. OrdNERAL DIREMION After this certifical has been signed by the attending physician and complete the lied in by the funeral director,	page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.	
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VS A15 (4) 15M 10/57

DOLL	CERTIFICA	TE OF DEATH	Reg. Dist. No.	100
1. PLACE OF DEATH COUNTY Shington	MARYLAND	2 USUAL RESIDENCE (Where deceased o. STATE	d lived. If institution: Residence before b. COUNTY SALING TON	e admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		rate limits, write RURAL and give nea	rest town)
Live er stown	5 Days	63 Hagerstown		
d. NAME OF HOSPITAL (If not in hospital, give street or institution as a County Hospi	address)	d. street ADDRESS 301 So l'ont Val		e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) FRANCES	(MIDI) Middle	Lost 4. DATE OF DEATH	Month Do	y Year 19
5. SEX 6. COLOR OR RACE 7. MAR Felials wildow		Nov 2 1887	9 AGE (In years IF UNDER 1 YEAR lgs) birthdoy) Was yes.	Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) FOUSEWITE	NIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Slote or foreign co	ountry) 12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		W44
Frank Panzero		Mary Ceravo	olo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dotes of service)	A.A.	rormant .vator .ese 501	Address	Ava
A.C /.				
18 CAUSE OF DEATH [Enter only one couse per li PART I, DEATH WAS CAUSED BY.	ine for (o), (b), and (c).]	Hagerstown .u.	ONS	RVAL BETWEEN ET AND DEATH
IMMEDIATE CAUSE (o)	menjosel	evolue Heart L	Usease C 10) yr
4-20.0 DUE TO	Lalura			
Conditions, if ony, which) (b)	0			•
couse (o), stating the under-				
(-)	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE	E CONDITION GIVEN IN PART 1(0)	9. WAS AUTOPSY
CATIK	Dialet		ephroschroses	PERFORMED?
US CONTRIBUTING LI CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part	II of item 18]	
ZOc. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. 19 While of wor	Not while fact	CE OF INJURY (Home, form, 20f (City ory, street, office bldg., etc.)	or town) (County)	(State)
21. I certify that I attended the decease	sed from Nov-5	9 19 to May 6	0, 19 <i>60</i> ,that 1 last sa	w the decease
2010 - 1		occurred at 1020AM, from	the causes and on the dat	te stated above
0 0 01.11.0	1 00		reet, city or town, state)	DATE SIGNE
SIGNATURE VOLUME VAL	ampbell,	10. 145W W	ashinglon ST	
PHYSICIAN'S RoberTVL	Campbell	HAGERS	Town me	3/7/6
220 BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		TION (City, town, or county)	(Slote)
Euri 1 3/9/60			atown Wosh Co	, d,
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIST		Æ
A AAAA LIN ILO TILLII. II li		- 87 DH M	11	



'24 hours ofter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed w

0 VS A15 (4) 15M 10/57 03877

302

Rea. Dist. No.

1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (When		on Residence before admission)
Washington MARYLAND	Maryland	l Washir	igton
b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)	c CITY OR TOWN (IF out	tside corporate limits, write RL	JRAL and give nearest town)
Hagerstown 1 Week	Hagerst	own	
d NAME OF MOSPITAL (If not in hospital, give street address) OR INSTITUT ON	d STREET ADDRESS		e IS RESIDENCE
Wash County Hospital	71 Nottir	ngham Road	YES NOTE
3 NAME OF First Middle		4. DATE Mont	th Day Yeor
(Type or print) ROBERT ROY NOR	RRIS	DEATH March	24 1960 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min
Male White WIDOWED DIVORCED	August 8 18		Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU		foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Coal Truck priver celf Employ 13. FATHER'S NAME	red Hancock		USA
JOSEPH NOTTIS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 III	Emma T	C&LI Addr	
No (If yes, give wer or dates of service) 14-16-2932 Mr		ris Flints	
	8 TUZ 24. 1101	TIS FILLOR	tone att.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	emplyse	na	
1 24/X DUE TO D			
Conditions, if ony, which) the Symphonic	ast hon	h	3 ms
gove rise to immediate Our TO		<u> </u>	
twice cours last			
	NOT RELATED TO THE TERMINI	AL DISEASE CONDITION ON	CALIFACT IN THE SAME OF THE SA
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	HOT REDATED TO THE TERMIN	AL DISCASE CONDITION GIVE	PERFORMED?
			YES NO
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Pa	rt I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While of work of work of work	ACE OF INJURY (Home, form,	20f (City or town)	(County) (State)
Hour o. m. While Not while of work of work	ctory, street, office bldg., etc.)		
	20 (1)	19 -21/ (-)	2
7			2,that I last saw the deceased
olive on 196 / and that death			nd on the date stated above
A Town) A	DORESS (Street, city or town, t	stole) DATE SIGNED
SIGNATURE (M) MCO	M.D. 2021	V Pollma	e of 3-23-6
PHYSICIAN'S SOHNI D TURCO	Hales	when !	ms
220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY O	R CREMATORY 12	22d LOCATION (City town, o	or county) (State)
REMOVAL (Specify)	metery F		3.00
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			Llaganey Co Md
andrew K. Coffman Hagerstown Md.	DATE M	AR 3 0 '60 C	Inthur & Kears



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

3990

CERTIFICATE OF DEATH

Reg. Dist. No	Reg.	Dist.	No.
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				Beg. Dibit I	100
1. PLACE OF DEAT	Lii.		2. USUAL RESIDENCE (H	COTEST	rv
W	ashington	MARYLAND	<u> </u> waryland	d Wa	ashington
CITY (If outside	corporate limits, write RUR	AL and LENGTH OF STAY (in this place)	CITY (If outside corpora OR	te limits, write RURAL and	dve nearest town)
	agerstown	(at said proces)	Town Hagers	town	
HOSPITAL OR	OR CL ST		STREET ADDRESS	(If rural, give location)	
INSTITUTION O	or Gateway Nu	rsing Home	no fiz	ked address	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Calvin		nner	DEATH March	
6. SEMale	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	April 23, 1878	9. AGE last birthday II under Month	r l year Hunder 24 hrs.
done during most of	PATION (Give kind of work working life, even if retired) ce_Fireman	10b. Kind of Business or Industry	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAY COUNTRY!
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN	NAME	
15. WAS DECKATED	EVER IN U.S. ARMED FORCES	11 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
Cien' no' of anknown	(If yes, give war or dates nervice)	or 217-09-9799	Washington (County Welfare	Board
		18. MEDICAL CE			
. DISEASES OR O	CONDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH
Immedia	ite cause (a)	Mesenteric thron	nbosis		29 hours
4		Antoniogolomogi	a managaritani		T 3 - C2 14 -
Diseases of giving rise	enf cause(s) r conditions, if any, to the above cause sunderlying cause last	Arteriosclerosi	s, generalized	A un di semengan mering si ningginggisak ganj	Indefinite
	(e)				1
Conditions contri	Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized.				
19a. DATE OF OP	ERATION 196. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
	+				Yeo O No X
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF- INJ	CE (Home, larm, factory, street, effice-bldg., etc.)	(CITY OR T		Y) (STATE)
TIME (Month, OF INJURY) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	OUR?	
22. I hereby certify that I attended the deceased from July , 19.58, todeath, 19, that I last saw the deceased					
alive onMarch .161960, and that death occurred at .1.1:30P. m., from the causes and on the date stated above.					
SIGNATURE		(Degree or title)	ADDRESS Potoma	- Charach	DATE SIGNED
7, -	1-7/6	J. 6	s North Potoma	c Street	
Le Le	CLOUDY ADAR BUREAU	Ha	gerstown Md	OCAMION (Other Asset	3-17-60
REMOVAL CRE	afy) 3-19-6	0 Rest Haver	n Cemetery	OCATION (City, town, or cou Hagerstown,	Md
DATE REC'D BY REG. MAR 2 1	'60 REGISTRAR'S		Suter Rouzer	Funeral Home,	ADDRESS Hagerstown
- 10				Mar	yland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important, Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



VR A15 (4) 15M 9/59

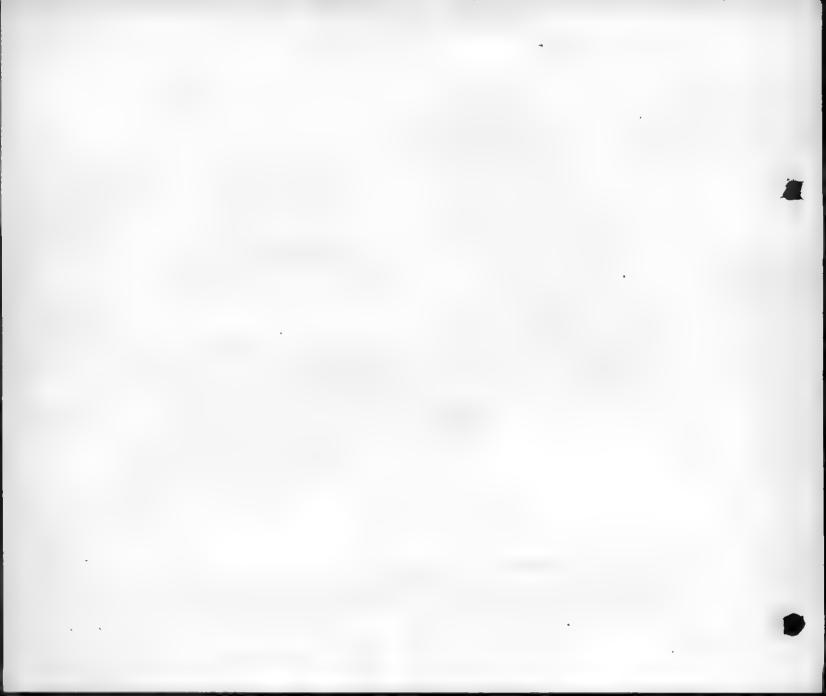
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

500MA

1	3967	CERTIFIC	ATE OF DEATH		03873
7	PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived. If institutions is	esidence before admission)
	WASHINGTON	MARYLAN	MARYLAN		
1	b. CITY OR TOWN (if autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN	c CITY OR TOWN (If ours	ide corporate Ilmits, write RURA	Lond give nearest town)
-	TEEDYSVILLE	120 YEARS	X KEE	EDYSVICLIE	1
	d. NAME OF HOSPI(AL (If not in hospital, give stree OR INSTITUTION	at address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
ŀ	NAME OF First	5 A 7 A 44	IVAU	DATE Month	YES NO X
ľ	I. NAME OF First DECEASED (Type or print)	Middle	1	OF	Day Year
-	C) F1 C0 K3	RRIED VI NEVER MARRIED I	TO TO EN BERLEIL	9. AGE (In years IF L	27 1960 INDER 1 YEAR IF UNDER 24 HRS
	MINIT WILL WIDO				piths Days Hours Min.
ī	0a. USJAL OCCUPATION (Give kind of work done 10	b. KIND OF BUSINESS OR II	IDUSTRY 11. BIRTHPLACE (Slote or		2. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	AWAI + ARM	MEAR ILICHMA	NTON WASH CO	MD. 145.4
Ī	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
L	CAIRISTIAN DOFFIE	NBERGER	MARY ANA	V KEBECCA	LINE
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 11 (Yes, no. or unknown) (If yes, give war ar dates of service)	6. SOCIAL SECURITY NO.	7. INFORMANT	Address	
<u> </u>	NO		MRS. CORA YOFF	ENBEIRGER F	EDWILLENID.
П	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY:	the second second second second	WEAL DRIVE	0 0 =	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	EREBRAL	MEMORRHA	745	
	Conditions, if any, which	ENERALIZE	ARTEROS	CLEROSIS	3 hours
	gove rise to immediate		2 1111	and the first for the	
	lying cause lost.				
	PART II. OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINA	ALDISEASE CONDITION GIVEN	N PART 1(a) 19 WAS AUTOPSY PERFORMED?
	3				YES NO
	OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCL	RRED (Enter nature of injury in Por	t I or Part II of item 18)	
			ALL CO. OF ILLINON AL	not tel	47
	Hour o.m. Whi	le Not while	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or town)	(Caunty) (Stote)
		ork ot work	2-24 0	2-22	
1	21 I certify that (I) (this haspital) atter	nded the deceased fro	m. 199	0,.to \$ 4.2.I.	19 6 9 that (1) (we) last
	saw the deceased alive an 220. SIGNATURE	is 1900, and the	at death accurred at CP M	, fram the causes and c	22b. DATÉ
	J. och Seemin	~	M.D PHYS MED DIRECT	CTOR PHYS.	3-58. GIGNED
	22c PHYSICIAN'S NAME (Type)	3	22d. ADDRESS	*C 2 - 3	
	JOSEPH S	ECONDAR	0-00	NSBORO	MO
:	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY 23	d. LOCATION (City, Iown, or co	ounly) (State)
	NEWOAM (abecily)				
	BORIAL MAK.38:1960	HAIR VIEW	EMETERY	KEEDISVILLE BY REGISTRAN 256, REGISTRA	WASH. CO.MD



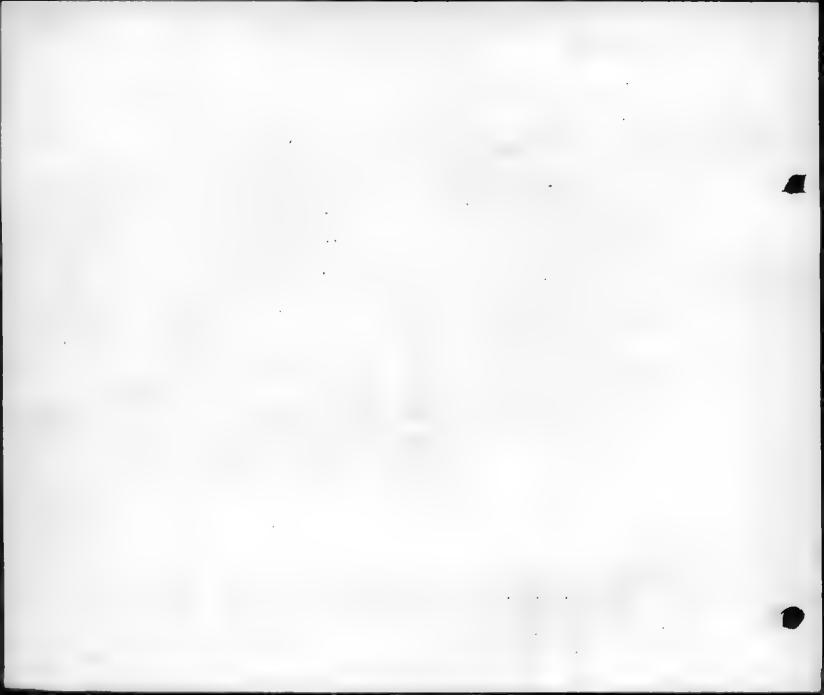
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3919

03880

1	PLACE OF DEATH a. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution Residence be a. STATE b. COUNTY	efore admission)
	WASHINGTON MARYLAND	MARYLAND WASHING	TON .
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)	c CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
	HAGEIRSTOWN 4 DAYS	HAGERSTOWN	
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
_	WASH. Co. DOSPITAL	128 S. MOLBERRY ST.	YES NO AT
3.	NAME OF First Middle DECEASED	Last 4. DATE (Month	Day Year
	(Type or print)	POTTER DEATH MARCH. 15-	1960
5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE.	AR IF UNDER 24 HRS
	DIVORCED TO	AGISTINA 12 1/57 . 1876 lost birthday) Months Doy	s Hours Min
10	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI		OF WHAT COUNTRY?
ľ	guring most of working life, even if retired)	USINT 11, BINITEDACE (SIDIE OF FOREIGN COUNTRY)	OF WHAT COUNTRY?
	RETIRED CLEKK BYORIRICO.	TOHRERSVILLE WASH, CO. MD. U	· Ar Zi
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	MARIAGE A DOMETICA	MARY BEALES	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	INFORMANT Address	
	is, no, or unknown) (If yes, give wor or dates of service)	178 SOUTH MILL	
L	NO = 105-07-8468 M	ISS ANNA K. POTTER HAGERSTOWN	A War
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	II O	NTERVAL BETWEEN NSET AND DEATH
	PART I. DEATH WAS CAUSED BY. COPONARY OCCLU		hr.
П	LQ 3 V DUE TO		
П	Conditions, if any, which) /b, Pneumonia	[]	to days
	gave rise to immediate		-
	couse (a), stating the under-		
_	lying couse lost. (c)		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)	PERFORMED?
₩.			YES NO
	200 ACCIDENT WAS UNDERLYING A CONTRIBUTING A CAUSE OF DEATH	ED (Enter nature of injury in Part I or Port II of item 18.)	
CERTIF	OR CONTRIBUTING CAUSE OF DEATH		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	LACE OF INJURY (Home, farm, 20f (City or town) (Count	ty) (State)
MEDICAL	Hour p. m. While Not while f	octory, street, office bldg., etc.)	(3/0/2)
¥	p, m, 19 of work of work		
	21 I certify that (I) (this haspital) attended the deceased fram	Larch 9, 19 60 to Larch 15,060	that (I) (we) last
	saw the deceased alive on 12rch 1519 60 and that	death accurred allight, from the causes and an the do	ita stated ahave
	220. SIGNATURE	dealif accorred 04322 m, fram the causes and an the da	22b DATE
	18 51/11/14	ATTENDING MED. STAFF	116/60 DATE
Н	22c PHYSICIAN'S	M.D. PHYS DIRECTOR PHYS. 3/	10/00
	NAME (Type)	148 West Washington Street	-
	Dr. B. B. Kneisley	Hagerstown, Maryland	
23	BURIAL, CREMAT ON, 236 DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town, or county)	(State)
	BORLA MAKCH. 18.1960 ROHRERSVILLI	WASH CEMETER ROHRERSVILLE WASH . C	· · IVID
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNA	
/	Jan W. Bout Bookers	MAR 1 8 '60 O-21mg & Han	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03881

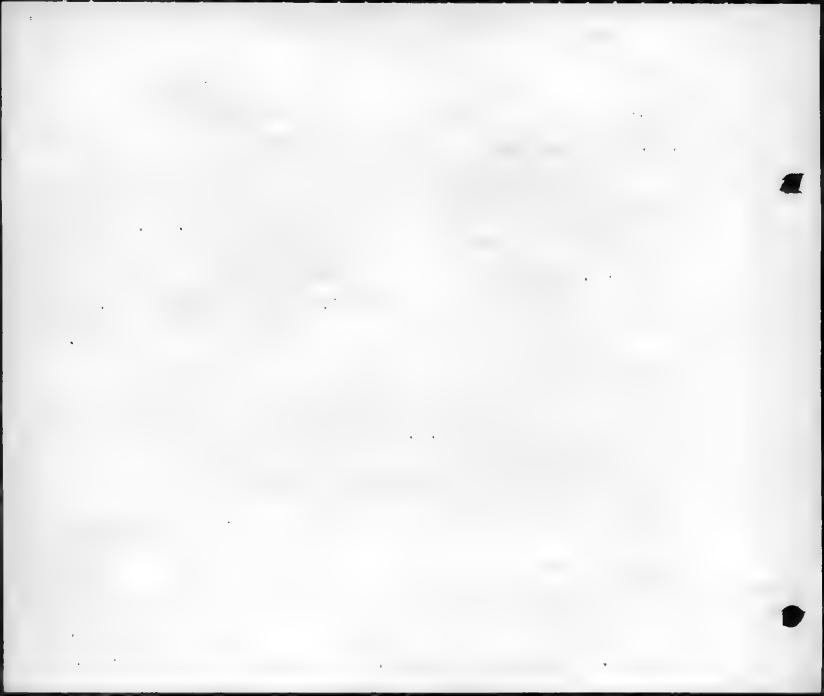
	1
	91
6.4	S. K. KEN
Page	ed y

3920

mampletely filled in by the funeral d ID (ITAL ER ATTERDING PHYSICIAN: The law requires that the death certificate be executed with my reformed by the hospital or attending physician properties of the model of th

VR A15 (4 15M 9/59

		1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
2		Washington MARYLAN	Maryland Washington
<u> </u>		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1	
2		RURAL ond give neorest town) Hagerstown 4 weeks	X Hagerstown R # 6
		d. NAME OF HOSPITAL (If not in hospital, give street address)	a d. STREET ADDRESS e IS RESIDENCE
ч (091	W.Md. State Hospital	Marsh Pike
	- / /	3 NAME OF First Middle	
		DECEASED (Type or print) Edith 13 8/18	OF.
ed t		5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
er o		The second of th	lost birthdoy) Months Doys Hours Min
hours offer		Female white WIDOWED DIYORCED L	July 10 1000
P C C		during most of working life, even if retired)	
72 k		Housewife Own Home	
		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
within	1	George M. Rankin	Lucy Pine
É	/ W	(Mr. as to unbased) . He was now use as date of consect	7, INFORMANT Address
event,		/ No None	Edgar C. Rodgers Hagerstown Md. R # 6
g g		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Marsh Pike INTERVAL BETWEEN ONSET AND DEATH
E		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ZEREMIA	26 00.45
puo		// 1/ ** DUE TO	
= 0		Conditions, if ony, which) (Erteriolar	Nephroselerosis zinknown
remaya		gove rise to immediate	
- <u>-</u>		lying couse last.	rdiovascular disease unknown
o o	of the last	PANT II OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY
1.5	0	\$ ocarcinomatosis of psivis @ die	PERFORMED? YES NO X
crematian,			RRED (Enter nature of injury in Part II or Part II of item 18.)
		206 ACC DENT WAS LADBERLYING / 266 DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH U (If EITHER, NOTIFY MEDICAL EXAMINER)	
r io		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
to burial,		O Hour o. m. While Not white	foctory, street, office bldg., etc.)
			=ch 22 /1 march 22 /2
prior		21. I certify that (I) (this haspital) attended the deceased fra	m 766,23, 1960 to March 221960, that [1] (we) last
音音			at death occurred at the from the causes and an the date stated above.
포		220 SIGNATURE	ATTENDING MED STAFF SIGNED M.D PHYS DIRECTOR PHYS. M. MUTCH 20,19
State Board of Health	1	Dictor L. Lamas,	ATTENDING MED STAFF PHYS DIRECTOR PHYS. MINUTCH 22,19
ogi.	/	NAME (Type) VICTOR L. Ramos	
Te B			western Ind. State Hospital, Hugershww, md
Sto		23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETER	(2004)
r Page		Burial 3/24/60 Rose Hill	Cemetery Hagerstown Wash Co Md.
	6.1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
)	X	Andrew K. Coffman Hagerstown M.	DATE MAR 23'60 Critica & Kinner



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03888

3921 Reg. Dist. No.

		MACE OF DEATH	htmaton		MARYLAND	2. USUAL RESIDENCE (lion: Residence be	
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give nearest lewn)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Ha	agerstown	ı		20 years	03 Hager	rstow	m		
		. NAME OF HOSPITA	L OR INSTITUTION (pital, give street address)	d STREET ADDRESS				o. IS RESIDENCE ON A FARMIN
		113 Found	lry Stree	t		113 Found	drey	Street		YES NO
	3	NAME OF DECEASED (Type or print)	Jose		Middle Fredricl	Rohrer	4. DATE OF DEATH	March	25	Year 1960
	5 . S			7. MARRIE	D NEVER MARRIED B.	DATE OF BIRTH		9. AGE (In years lost birthday)		IF UNDER 24 HRS.
					une 24,18		75 yn.	Months Doys	Hours Min.	
100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Knitter Hostery Mill Sharpsburg Md. USA						F WHAT COUNTRY?				
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
		Joseph	Fredrick	Roh	rer	Anna R	ebeco	ca Helfe	rstay	
	15.]Yas	, no, or unknown	R IN U.S. ARMED FOR	envice)		FORMANT		Address		
	1	No		21	4-09-4694 M1	. Charles	Rohi	rer Shar	osburg.	Md.
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:									
) / 1	MMEDIATE CAUSE (o)	-4	uprimer C	C/-climber	9 65	reurism	- Bu	a ly-w
		Conditions, if ony, which }								
		gove rise to immediate couse								
		(o), stating the us	nderlying (c).							
	Z									
2	CATI									YES PHO NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 20g. EXTERNAL CAUSE WAS PRIMARY (I) or CONTRIBUTING (Enter nature of injury in Part I or Part II of Item 18.) C CAUSE OF DEATH.									
	MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Day, Yea	While	Not while facto	E OF INJURY (Home, formary, street, office bldg., etc.	m. 20f. (Ci	ty or town)	(County)	(Stote)
	Z	p. m.	at I took charge		rk ot work emains described abay	e held as Autors	ty El-	Inspection	Inquiry [and find that
		_	_			ide , Hamicide			. , _	, and tind indi
		dealls resolice			J. Condonia D., Son	, trainicio	с <u>Г</u> . ,	macreminea c	ŭos¢ ∐.	
		ACTUAL SIGNATURE	Al. 21	1/6	Tello Sa	M.D. CHIEF MEDICAL E	XAMINER [1	5/	DATE SIGNED
,						ASSISTANT MEDIC	CAL EXAMIN	IER 🔲	1/2/	/
16		EXAMINER'S NAME (Type)	UDE	W	A11/05	DEPUTY MEDICAL	EXAMINER	2	1 /6	0
		DEALONAL IC	, 226. DATE THEREO	F	22c. NAME OF CEMETERY OR	CREMATORY	22d LOC	ATION (City, town, o	r county)	(Stole)
		urial	3/28/60		Rest Haven	Cemetery		erstown.	Maryla	nd
	23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		D BY RÈĞI		TRAR'S SIĞNATUI	_
is.	7	CERTIC.	xect		Williamsport	Md DATMA	R 29'6	O Car	Ing S. France	4

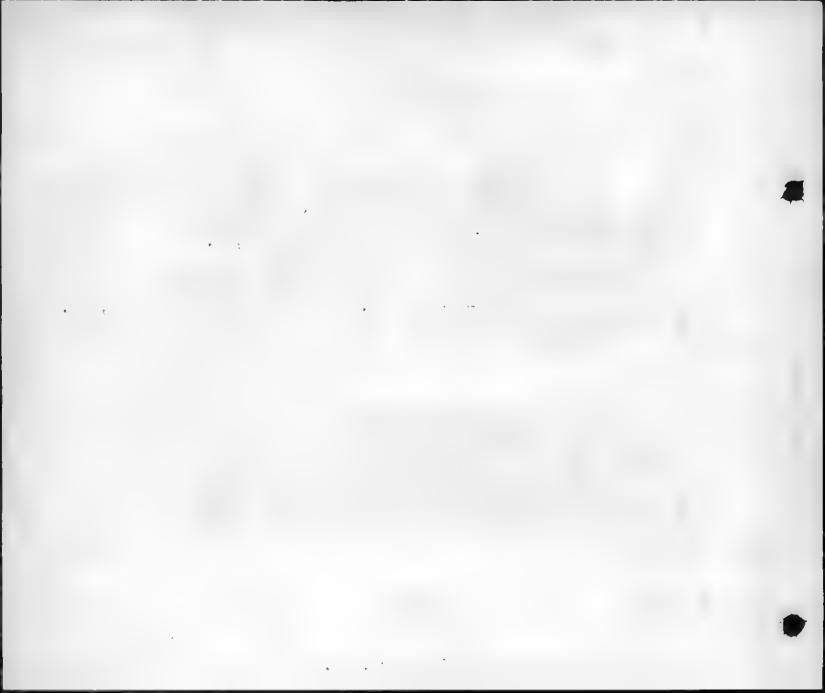
EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

If the certificate, writing the word "pending" in pencil in Item 1B. Give Pages 1, 2, and 3 to the writing the word "pending" in pencil in Item 1B. Give Pages 1, 2, and 3 to the writing the word "pending" in pencil in Item 1B. Give Pages 1, 2, and 3 to the writing the word "pending" in pencil in Item 1B. Give Pages 3 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, remaining the pages 1 and 2 with the registrar prior to burial.

M

VS. A15ME(5) 5M 9/55



ADDRESS

Hagerstown Md.

24g, REC'D BY REGISTRAR

DATE MAR 1 5 '60

2 VS A15 (4) 1SM 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

Coffman

Andrew K.

. IS RESIDENCE ON A FARM? YES NO 4 Year 1960 19 IF UNDER FYEAR IF UNDER 24 HRS Months Days Haurs 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH Indefinite PERFORMED? YES NO IX (County) (State) harch 11 19 6 that I last saw the deceased

(State)

24b. REGISTRAR'S SIGNATURE

arthur S. Krous

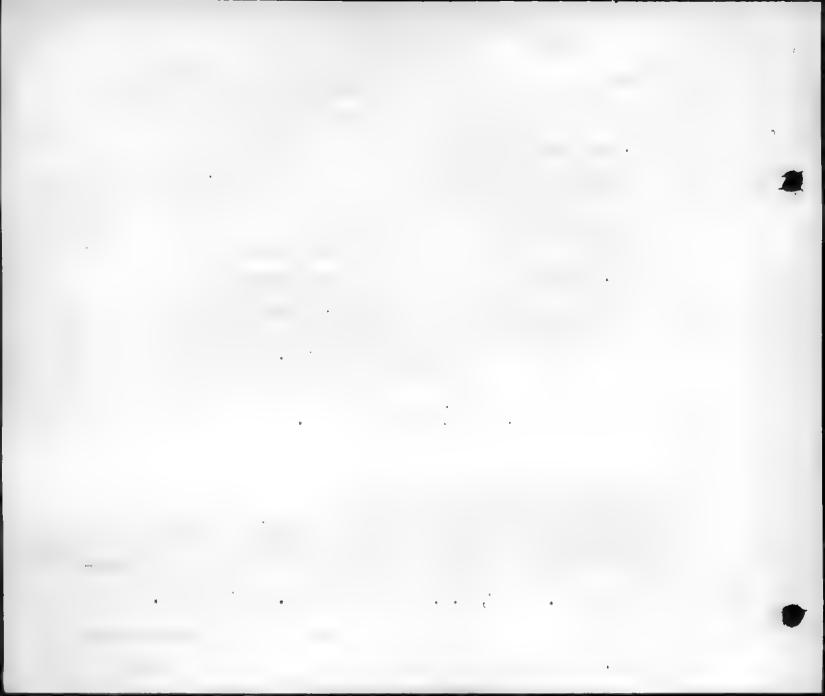


Orthur S. Thomas

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haurs after death. Page 4

3923 CERTIFICATE OF DEATH						
1. PLACE OF DEATH a. COUNTY 2 USUAL RESIDENCE (Where deceased lived If institution: Residence of STATE of COUNTY)	before admission)					
Washington Maryland Washingto	n					
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)						
Hagerstown 5 Yrs Hagerstown						
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS	e IS RESIDENCE ON A FARM?					
114 E. Antietam St 114 E. Antietam St	YES NO					
3 NAME OF First Middle Last 4 DATE Month OF	Day Year					
(Type or print) CHARLES RICHARD ROWLAND DEATH March 31	1960 19					
TO THE REPORT OF THE PARTY OF T	YEAR IF UNDER 24 HRS					
Male W WIDOWED DIVORCED May 15, 1895 64 YES						
dou USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)	EN OF WHAT COUNTRY?					
	I.S.A					
13. FATHER'S NAME						
I Spac D. Rowland Lydia Shank Is was deceased ever in u. s. armed forces? I 6. social security No. 17. Informant Address						
(Yes, no, or unknown) (If yes, give wor or dates of service)						
Yes WW#I 219-36-2283 John A. Rowland	INTERVAL BETWEEN					
PART I, DEATH WAS CAUSED BY.	ONSET AND DEATH					
the state of the s	四上口					
	min					
gave rise to immediate	MILI					
cause (a), stating like under DUE TO lying cause last (c) Arteriosclerosis gen and hypertensive	vears					
	1(a) 19 WAS AUTOPSY					
PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 200 ACCIDENT WAS UNDERLYING 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO TO					
20a ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)						
	iunty) (State)					
Haur o. m. While Not while toctory, street, affice bldg., etc.}						
21 I certify that (I) (this haspital) attended the deceased from Jan 1959, to Mar 31 1960	, that (I) (we) last					
sow the deceased alive on Mar 30 160, and that death occurred at 800M, from the causes and on the						
220 SIGNATURES DITE	22b DATE SIGNED					
M.D. PHYS DIRECTOR PHYS	-1-60					
22c. PHYSICIAN'S NAME (Type) 22d ADDRESS						
Louis G. Graff, M.D. 119 E. Antietam St. H	agerstown					
23a BLR A., CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)					
Burial 4/3/60 Rest Haven Cemetery Hagerstown Maryla	und					
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ZSG. REC'D BY REGISTRAR ZSG REGISTRAR'S SIGN	NATURE					
Andrew K. Coffman Hagerstown, Md DATE APR 4 '60						

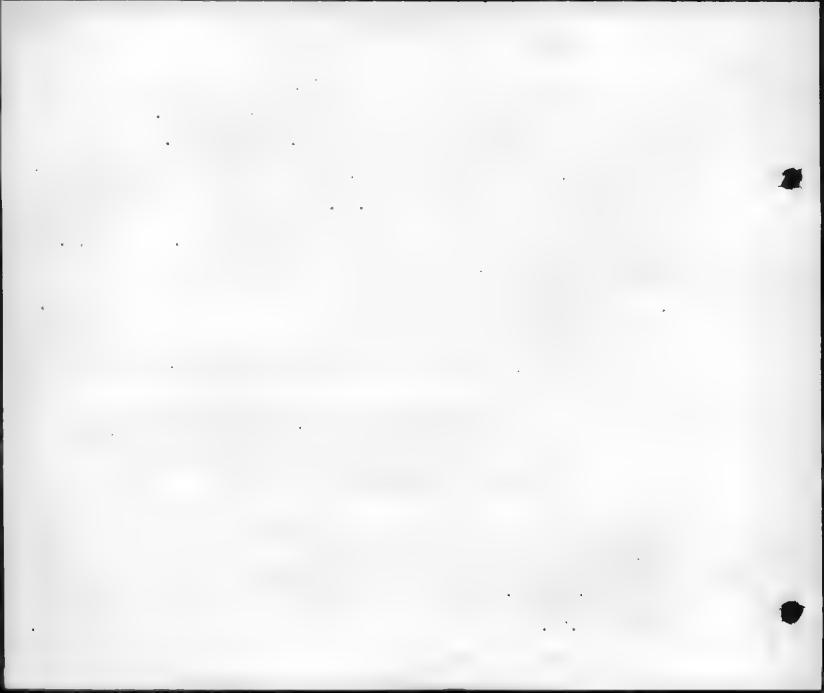


CERTIFICATE OF DEATH

director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY g. STATE b. COUNTY MARYLAND Mary land Washongton ergi c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) the fune shauld I Months Baltimore City Md Hagerstown d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION IS RESIDENCE d STREET ADDRESS ON A FARM? 27 State Hospital 1407 W.Baltimore St. YES NO IN Wester DATE OF DEATH NAME OF Middle Day Year DECEASED (Type or print) 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | completely lost birthdoy) ofter (Months Hours Dovs WIDOWED DIVORCED [YIS. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Buck Valley Penna. pup Resturant Resturant 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 6 Mathilda Osterlo physicia August Dorrier гетам 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address event Schultz Warfordsburg Penna. No please any 18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Well monia à Conditions, if ony, which permit. gned gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASICCONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY . arterialar nephroscierosis. Khenmatic heart ase. CERTIFIC 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, form, , 20f. (City or town) (Stote) Doy, Yeer (County) factory, street, office bldg., etc.) Hour o. m While Not while at work 🔲 at work 🦳 p. m 21 | certify that (1) (this haspital) attended the deceased from At-19.6 that (1) (we) last detached ond that death accurred at 1240 from the causes and an the date stated above saw the deceased alive on MAZE FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS STAFF be. 201261 DIRECTOR -M.D. 210 PHYSIC AN'S 22d. ADDRESS 3 should Dr. Young E. Chun 23c NAME OF CEMETERY OR GRENATORY 230 BURIAL CREMATION 236 DATE THEREOF 23d LOCATION (City, fown, or country) (State) REMOVAL (Spec fy)
Burial 26.60 Buck Valley Fulton Penna. Buck Vallev Lutheran 0 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25g. REC'D BY REG STRAR

attending p

VR A15 (4) 15M 9/59



VR A15 (4) 15M 9/59

	3925	CERTIFICA	TE OF DEATH	(0 0 0 0			
ghre	PLACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution: Residue of STATE Md. b COUNTY	dence before admission) lashington			
b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstown 5 days			c. CITY OR TOWN (If outside carporote limits, write RURAL on Hagers town	id give nearest town)			
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Vash. Co. Hospital			/d. STREET ADDRESS 229 W. Franklin St.,	e IS RESIDENCE ON A FARM? YES NO			
3	NAME OF First DECEASED (Type or print) Elda	Middle Mae	St. Clair 4. DAYE Month 3	Doy Yeor 29 19 60			
5	A T	ARRIED NEVER MARRIED A	B DATE OF BIRTH Oct. 3, 1896 9. AGE (In yeors last birthdoy) 63 yrs IF JND Months	DER I YEAR IF UNDER 24 HRS IS Doys Hours Min			
10	u USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	06. KIND OF BUSINESS OR INDU Sothern Shoe Co		USA			
13	FATHER'S NAME Clarence Provard		14. MOTHER'S MAIDEN NAME Ella Myrtle Mummart				
15	WAS DECEASED EVER IN U. S. ARMED FORCES? es, no, ar unknown] If yes, give war or dates of service)		NFORMANT Address Lis V. St. Clair Manhattan, N	Kansas			
	1B. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	melastul	ie malignaming	INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause lost.	Sarcome	1 Gilien	5 months			
FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO						
CERT	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port 1 or Part II of item 18)				
MEDICAL	20c TIME OF INJURY Manth, Doy, Year 20 Hour o m. W p. m. 19		ACE OF INJURY (Home, farm, 20f (City or town) ctory, street, office bldg., etc.)	(County) (State)			
	21. I certify that (I) (this hospital) att		Fut 1960 to May 29, 19 deoth accurred of \$14 M, from the causes and an				

22c PHYSICIAN'S
NAME (Tibe)
D

3d BURIAL, CREMOVAL (Specify)
Durial
4-1-60

23c NAME OF CEMETERY OR CREMATORY
Macedonia Ch. Cemete

ATTENDING PHYS

22d ADDRESS 30

23d LOCATION (City, fown, or county)

STAFF

(State)

24 FUNERAL DIRECTOR'S SIGNATURE

220 S GNATURE

ADDRESS

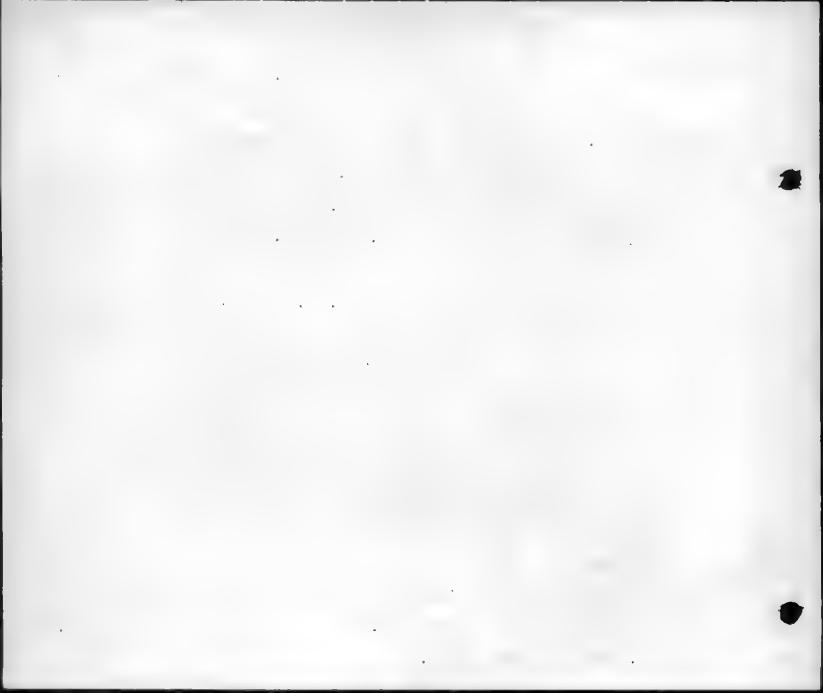
25a. REC'D BY REGISTRAR

256. REGISTRAR'S SIGNATURE

Fred W. Kraiss Hagerstown, Md.

DATE MAR 3 1 '60

arthur S. Kross



VR A15 [4] 15M 9/59

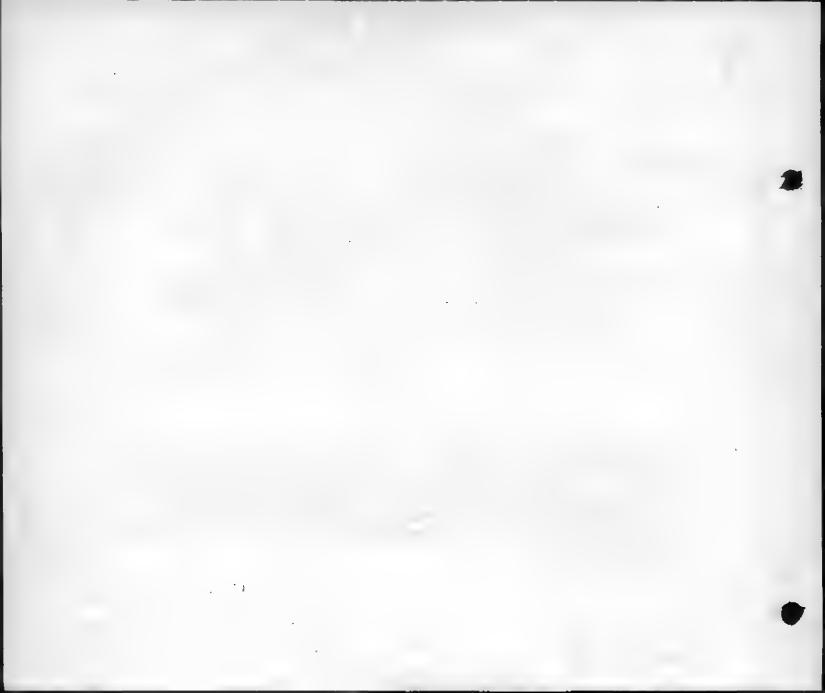
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

3985

CERTIFICATE OF DEATH

_												
7	PLACE OF DEATH a. COUNTY	Washington	3	MARY	LAND	o. STATE Mary Le	ire decease	d lived If instituti b. COUNTY	on Residen Was	hin	gt01	(2001)
	b CITY OR TOWN RURAL and give	(If outside corporate limit nearest tawn)	s, write	c. LENGTH OF STAY		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						}
	Sharpsbu			14 year	rs	X Sharpsbu	.rg					
	d. NAME OF HOSP OR INSTITUTION	Residence		oddress)		South M	lain	Street				FARM?
3.	NAME OF	Firs	ŀ	Middle		Last	4. DATE	Mon	ith	Da	у '	Year
	(Type or print)	BENJAMIN	FR	ANKLIN		SAYLOR	OF DEATH	March	28,			1960
5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9 AGE (In years	IF UNDER	$\overline{}$		
	Male	White	WIDOWE	DIVORCE	□ S	ept. 4, 188	32	lost birthday) yrs	Months	Days	Haurs	Min
10	o USUAL OCCUPAT during most of wo Labor	irking life, even if retired)		KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (State of Sharpsbur	_				WHAT C	OUNTRY?
13.	FATHER'S NAME		<u> </u>			14, MOTHER'S MAIDEN N	AME					
	John Da	niel Saylo	or			Jennie E	Bussa	rd				
15	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17, IN	FORMANT Mrs. M	íarv	E. Sa♥®	er			
[7	NO or unknown,	None None	57	7-14-3466		Sharpsbu						
		EATH [Enter only one cou	74	ne for (a), (b), and (c).	1 ,-	1- 11	7				RVAL BE	
	PART I DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	11	Wendse	110	Mer / Ot Ec	20				X 6	1. "
	1420	DUE TO										
	Conditions, if											
П	gave rise to cause (o), stating	immediate (
П	lying couse lost											
FICATION	PART IF O	THER SIGNIFICANT COND	PITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	VAL DISEAS	E CONDITION GA	VEN IN PAR	RT 1(o) 1	PERFO	ALTOPSY RMED? NO [7]
CERT FI	200 ACCIDENT WOR CONTRIBUTIN	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	(Enter noture of injury in P	ort I or Pai	rt II of item 18)				
CAL	20c TIME OF INJU	JRY Month, Day, Yea	r 20d ff	VJURY OCCURRED	20a. PL/	CE OF INJURY (Home, form, tory, street, office bldg., etc.	20f (City	y or town)	(County		(State)
MEDICA	Hour o.m.		While at wor	Nat while	rac	ory, street, office blag., etc.						
	21.1 certify that (1) (this hospital) attended the deceased fram Military 1966, to Military 28, 1966, that (1) (we) last											
1	saw the deced	ased aliye an + 723	444	2d 19(2), and	that d	eath accurred a O. T.	M, fram	the causes ar	nd an th	e date	stated	above
	22a SIGNATURE	CHIK.	112	77	,	ATTENDING ME	D RECTOR [STAFF PHYS []		3/	22	BIGNED
	22c PHYSICIAN S NAME (Type)	G. Wih	e UG	· ~.		22d ADDRESS -	156	200		/	1/	11.
23	8 8 LR AL, CREMATI REMOVAL (Specif Burial		F O	Samples		crematory or Cemetery		TION (City, town, aples Ma	, ,	Ma	ryl	
4	EUNERAL DIRECTO	RY SIGNATURE LI	0 20 0 A	rs Ferry	7,7,	est Va. 250 RECT	BY REGIS	100	STRAR'S SI			
1	la unaval e	Gelden	arbe	as rerry	, 14.6	DATE NAME	IAK 3 I	00	Tribury.	S. the	all A	



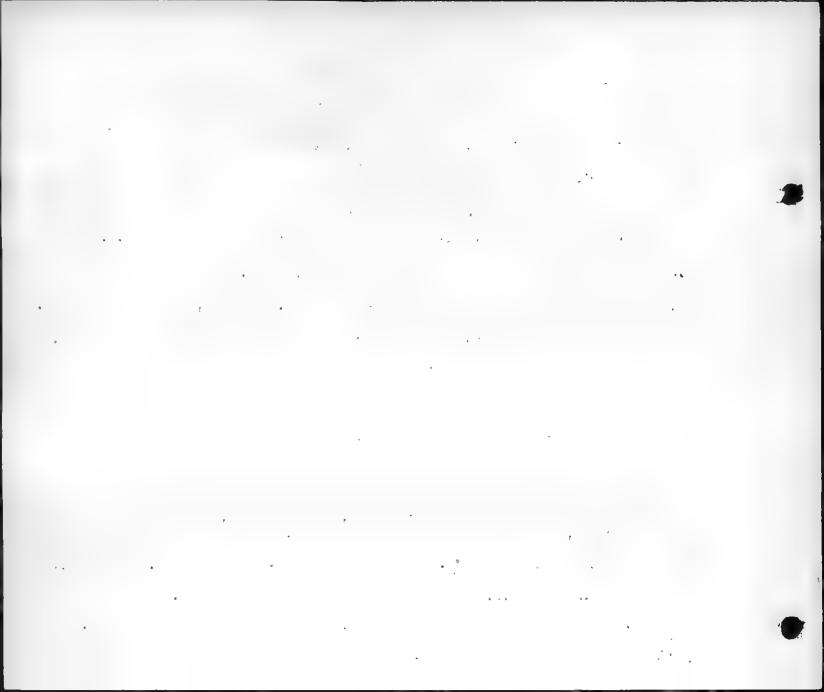
		3348	CERTIFIC	AIE OF	DEATH			Reg. Dis	t. No.		
1.	PLACE OF DEATH o. COUNTY Washingto	n a		2. USUAL RE o. STATE Penn	sidence (Whei	e decessed	lived If institution		e befare	admissia	iu)
		f outside corporate limits, wri	c. LENGTH OF STAY IN 16		ncastle		ote limits, write RL	JRAL and g	јув пваге	st tawn)	-
	OR INSTITUTION	AL (If not in hospital, give strom County Hos			ADDRESS 1		h Carlis	le St		IS RESID	ARM?
3.	NAME OF DECEASED (Type or print)	MARY:	Middle FILLEN. S	CHNEBLY	ost	4. DATE OF DEATH	Mont		Day 30		ear 9 60
	Female:	Caucasiam WIDO	ARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCES OR IND	B. DATE OF BII	23, 188	30	P. AGE (In years lost birthday) 79 yrs.		_	Hours	Min.
	Housewife	ling life, even if retired)	Own home	Pen	nsylvar	nia		U.		MIAI CO	
	FATHER'S NAME Clinton A	ngle			'S MAIDEN NA Ellen	_	3.60				
		R IN U. S. ARMED FORCES? (If yes, give wor or doles of service)	None So	informant	on M. S	čnneb	Addr ly, Gree		le.	Penn	8
		ny, which (b)	Cerebral Hemorr		ar dise	ease			ONSET	val Bety I AND I hrs.	HTABC
CERTIFICATION	Chronic	inactive rheu	NS CONTRIBUTING TO DEATH BI MATIC heart dis DESCRIBE HOW INJURY OCCURI	ease				EN IN PART		WAS A. PERFOR	MED?
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	w W		PLACE OF INJURY factory, street, aft		20f. (City	or town)	(C	ounty)		(State
	actual SIGNATURE PHYSICIAN'S		eased from Februar 960 , and that dea	th accurred o	11:00/ A 59 Fast	Mirom to DORESS (Sind		d an the state)		tated DATE	
220	BURIAL, CREMATIO		22c. NAME OF CEMETERY Fairview	OR CREMATORY		22d. LOCATI	Mercers		, Pa	(State)	
236	TUNERAL DIRECTOR	S SIGNATURE TO	Cercero bung	, Pa,	24g. REC'D DATE MA	BY REGISTR		TRAR'S SIG		4	

nay, be retained by the hospital or attending physician

TO IUMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours. ENTRI OR ATTENDED MIYSICIAN: The law equires that the death certificate be executed

24 haurs after death. Page 4

VS A15 (4) 15M 9/58



Reg. Dist. No.

e. IS RESIDENCE

ON A FARM?

YES NOT

Year

1600

WASHINGTON

Day

IF UNDER 1 YEAR IF UNDER 24 HRS Days

12 CITIZEN OF WHAT COUNTRY

U.S.A. CORA SEISS 111 MONROE ST. INTERVAL BETWEEN CORONARY ARTERY OCCLUSION WITH MYOCARDIAL INFARCTION 5 MINUTES YEARS PERFORMED? YES NO Y 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) 1960 toMARCHI 14 1960 that I lost saw the deceased and that death accurred at 4.30 PM, from the causes and an the date stated above ADDRESS [Street, city or town, stole] **DATE SIGNED** CLEAR SPRING. MARCH 15, 1960 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) ST. 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Orthun & Firents DATE MAR 1 8 '60

6 COUNTY

MARCH

AGE (In years last birthdoy)

Month

Months

CLEAR SPRING.

4. DATE

OF DEATH

be n. poge O VS A15 (4) 1SM 10757

NAME (Type)

BURTA

REMOVAL (Specify)

270. BURIAL, CREMATION, 226 DATE THEREOF

23 FUNERAL DIRECTOR'S STENATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	3927 CERTIFIC	ATE OF DEATH Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE Maryland b COUNTY Washington
I	b CTTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 19 gers town	c CITY OR TOWN (If ausside carporate limits, write RURAL and give nearest tawn) Hagerstown
	d NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION Washington County Hospital	7 d STREET ADDRESS 31 Coffman Ave. on A FARM? YES □ NO IX
3	NAME OF DECEASED (Type or print) Harry L Sha	ackelford 4. Date Month Doy Year OF DEATH March 27 19 60
	sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Sept. 30 1886 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Sept. 30 1886 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Min Min
10 H	o. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDI- during most of working life, even if retired) Painter Painter	USTRY II SIRTHPLACE (Stote or foreign country) Sharpsburg Mid. 12.CITIZEN OF WHAT COUNTRY? U. S. A
13	Ridgley Shackelford	14. MOTHER'S MAIDEN NAME Fannie Bowers
15 (Y	es, no, or unknown) . (If was over wat or dates of service)	Addil Coffman Ave Pars. Fannie Shackelford Hagerstown Md
	18. CAUSE OF DEATH [Enter anly ane cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	while interval Between onset and Death 2 Clars
	Canditions, if any, which) (b) Mulignost (Pastue ulcer -
	gave rise to immediate couse (a), stating the <u>under-lying cause lost.</u> (c)	
CATION		IT NOT RELATED TO THETERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO ** NO ** NO ** NO ** ** ** ** ** ** ** ** ** **
L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Part ar Part II of item 18)
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work at wark	HACE OF INJURY (Hame, farm, 20f. (City or town) (County) [Stote] actory, street, affice bldg., etc.]
		24 , 1960 , to Mar • 27 , 19 69 hat I last saw the deceased haccurred at 170 PM, from the causes and an the date stated above
ı	ACTUAL SIGNATURE SIGNATURE	ADDRESS (Street, city or town, stote) DATE SIGNED ADDRESS (Street, city or town, stote) DATE SIGNED 3-29-60
	PHYSICIAN'S John D. Turco, M.D.	Hageretown, Meryland
22	BREMOVAL Specify) March 30-60 Mt. View	OR CREMATORY 22d. LOCATION (City town, or county) (State) Cemetery Sharpsburg Md.
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATMAR 3 0 '60 Outhur S. Krana



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3967

03831

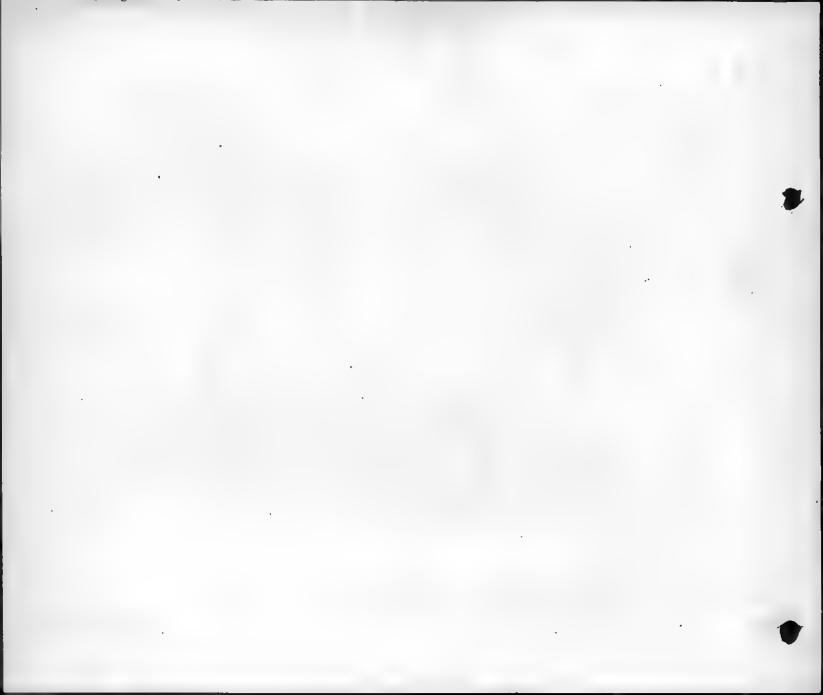
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D. IUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed-with the State Board of Health prior to buriol, cremation, or removal, and in any eye (without 7) have offer death. in 24 hours after death. Page 4 res that the death certificate be executed

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CA THE TOTAL STATE OF THE PROPERTY OF THE PROP	mey be retained by the haspitol or attending physician.	O TUNERAL DIRECTOR: After this certificate has been sign	page 3 should be detached for use as the burial-transit pa
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VR A15 (4) 15M 9/59

a COUNTY	a STATE b. COUNTY
WASHINGTON	MARYCAND WASHINGTON
b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)
SAN MAR- RURAL 6 YEARS	HAGE ISTOWN
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM?
GAHRNEY-KEEDY YIEMORIAL HONIE	Public Same - LARED NO DA
3. NAME OF DECEASED Middle	Lest 4. DATE () Manth Day Year
(Type or print) CRACE AMELIA	SHARAR DEATH MAIRCH, 24, 1960
S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Manths Days Haurs Min
CHEMALE WHITE WIDOWED & DIVORCED	DEC. 15-1874 85 m. 3 9
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
KETIRED TEACHER - PUBLIC SCHOOL	SHARPSBURG WASH, CO. MD. U.S.A.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
COSIAH HILL	AMELIA SPONG
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	Address Address
	HRWEY KEEDY HOME - BOONSBORD MD-RIZ
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),	INTERVAL BETWEEN ONSELAND DEATH
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Jens Cal Me E	1 11/16:1181 distil
DUE TO // // //	
Conditions, if any, which) (b) Ceretical	Harrist Gellin
gove rise to immediate DUE TO	
lying cause last (c) Livey 12	Elle Monta delega
PAN II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
QT	YES NO
20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTION OF DESCRIPTION OF DESC	D (Enter nature of injury in Port I or Port II of Item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour a. m. While Nat while fac	ctory, street, affice bldg., etc.)
	2 3 2 1/1 1 1 dat 1 1 - 1 3 2 2 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
21. I certify that (1) (this haspital) attended the deceased from	
saw the deceased drive an indicate in and that a	leath accurred at 12/M, from the causes and an the date stated above
Millian	M D ATTENDING THE STAFF THE STAFF
22c PHYSICIAN'S NAME (Type)	22d. ADDRESS
G WILL OUT	1 / c(uzb (a)
230 BLR AL CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, tawn, ar county) (State)
BORIAL MARIZGIPGO MT. VIEW C	EMETERY SHARDBURG WASHICO. MD
24. FUNERAL DIRECTOR'S SIGNATURE BOONS BORD	256. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
1000 A. 1500 A. 1000 A. 1000 A.	(XI) DAMAR 3 0 '60 arthur & Known



director

filed

by the funeral of 2 should be fil

puo

popers. death. pub pon

completely filled in Pages 1

physician

attending please

by the hospital ar attending physician. CTOR: After this cert ficate has been signed

ATTENDING PHYSICIAN: The law

burial-transit

os the

USB

prior

removal

:1

MEDICAL

haurs ofter death. Page

requires that the deoth certificate be

Male White WIDOWED DIVORCED Oct 36 1938 Sl yrs Mont	1983
1. PLACE OF DEATH O COUNTY Washington Letty OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Hagerstown County or Town (If outside corporate limits, write RURAL ond give nearest town) Hagerstown County OR TOWN (If outside corporate simits, write RURAL on give nearest town) Hagerstown County OR TOWN (If outside corporate simits, write RURAL on give nearest town) Hagerstown County OR TOWN (If outside corporate simits, write RURAL on give nearest town) Hagerstown County OR TOWN (If outside corporate simits, write RURAL on give nearest town) Hagerstown County OR TOWN (If outside corporate simits, write RURAL on give nearest town) Hagerstown County OR TOWN (If outside corporate simits, write RURAL on give nearest town) Hagerstown County OR TOWN (If outside corporate simits, write RURAL on give nearest town) Hagerstown County OR TOWN (If outside corporate simits, write RURAL on give nearest town) Hagerstown County OR TOWN (If outside corporate simits, write RURAL on give nearest town) Hagerstown County OR TOWN (If outside corporate simits, write RURAL on give nearest town) Hagerstown County OR TOWN (If outside corporate simits, write RURAL on give nearest town) Hagerstown As STATE Washington County OR TOWN (If outside corporate simits, write RURAL on give nearest town) Hagerstown As STATE Washington County OR TOWN (If outside corporate simits, write RURAL on give nearest town) Hagerstown As STATE National County OR TOWN (If outside corporate simits, write RURAL on give nearest town) Hagerstown As STATE National County OR TOWN (If outside corporate simits, write RURAL on give nearest town) As STATE National County OR Town (If outside corporate simits, write RURAL on give nearest town) As STATE National County OR Town (If outside corporate simits, write RURAL on give nearest town) As STATE Hagerstown As STATE Hagerstown As Date Of Barth As Date Or Barth March Or STATE As Date Or STATE As Date Or STATE As Date Or STATE OR STATE As Date Or S	g. Dist. No. 301
b CITY OR TOWN (If outside corporate limits, write RURAL or RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1908 Penna Ave 3 NAME OF DECEASED (Type or print) ARTHUR WINFIELD S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED B. DATE OF BIRTH SHEETS Jr 9 AGE (In years lost) birthday) Mont 1908 Penna Ave 4. DATE OF MARRIED SHEETS Jr 9 AGE (In years lost) birthday) Mont Oct 26 1938 21 yrs	lesidence before admission)
RURAL ond give isorest town Hagerstown d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 1908 Penna Ave 3 NAME OF DECEASED (Type or print) S. SEX ARTHUR WINFIELD SHEETS Jr ARTHUR WINFIELD B. DATE OF BIRTH SHEETS Jr AGE (In years lost birthday) If UN Month Male White WIDOWED DIVORCED Oct 26 1938 3 Hagerstown Hagerstown 4 Date Of BIRTH March 10 P AGE (In years lost birthday) Month Month Month Month Male White WIDOWED DIVORCED Oct 26 1938	n
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) 1908 Penna Ave 3 NAME OF DECEASED (Type or print) S. SEX ARTHUR WINFIELD SINCE OF BIRTH March 10 ARTHUR WINFIELD B. DATE OF BIRTH March 10 AGE (In years lost birthday) 18 AGE (In years lost birthday) 18 AGE (In years lost birthday) 18 AGE (In years lost birthday) 20 AGE (In years lost birthday) 21 AGE (In years lost birthday)	. and give nearest town)
OR INSTITUTION 1908 Penna Ave 1908 Penna Ave 3 NAME OF DECEASED (Type or print) ARTHUR WINFIELD SHEETS Jr DEATH March 10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White WIDOWED DIVORCED Oct 26 1938 21 yrs	
1908 Penna Ave 3 NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED N	e. IS RESIDEN
DECEASED Composition Com	YES NO
(Type or print) ARTHUR WINFIELD SHEETS Jr DEATH March 10 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIER B. DATE OF BIRTH Male White WIDOWED DIVORCED Oct 26 1938 9. AGE (In years list United y) Nonti	Day Year
Male White WIDOWED DIVORCED Oct 36 1938 Sl yrs Mont	0 1960 19
Male White WIDOWED DIVORCED Oct 26 1938 21 yrs	NDER 1 YEAR IF UNDER 24
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	enths Days Hours M
during most of working life, even if retired)	2 CITIZEN OF WHAT COUN
Student dollege Hagerstown Wash Co Md.	USA
13. FATHER'S NAME Employee of A. & P. Tea Co. 14. MOTHER'S MAIDEN NAME	
Arthur W. Sheets Sr Mildred Henson	
No Social Security No. Informant No Mildred Sheets 1908 Pe	enna Ave
NO 214-00 CO(1)	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) FOR I Hagerstown	ONSET AND DEA
Conditions, if ony, which) (b) Hodghuir description	3 year

DUE TO couse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO IN 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY

20d. INJURY OCCURRED Year Not while of work of work

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

20f (City or town)

(County)

10, 1960, that I last saw the deceased

(5tote)

alive an

Hour o m.

p. m.

21. I certify that 1 attended the deceased fram and that death accurred at 8 P.L. M. from the causes and an the date stated above.

ADDRESS (Street, city or town, state) 1458o Prospect St

ACTUAL SIGNATURE PHYSICIAN'S John Stauffer M. D.

22b. DATE THEREOF

Doy,

Hagerstown Maryland

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, fown, or county)

(Stote)

REMOVAL (Specify)
Burial 23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type 220. BURIAL, CREMATION,

> Rose will ADDRESS

Cemetery 24a REC'D BY REGISTRAR

Hagerstown Wash Co 24b. REGISTRAR'S SIGNATURE

Coffman Hagerstown Md

DATE MAR 1 5 '60

arthur S. Kraus

TO FUNERAL DIRECTOR: After this cert ficate page 3 shauld be detached far VS A15 (4) 15M 9/5B

relained



ADDRESS

0 5M 9/55

VS. A15ME(5)

23. FUNERAL DIRECTOR'S SIGNATURE

Park Head Washington Md. 24b. REGISTRAR'S SIGNATURE

(County)

03833

e. IS RES DENCE ON A FARME

YES | NO Z

Year

10 60

Day

U.S.A.

INTERVAL BETWEEN

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YES 🗌

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(State)

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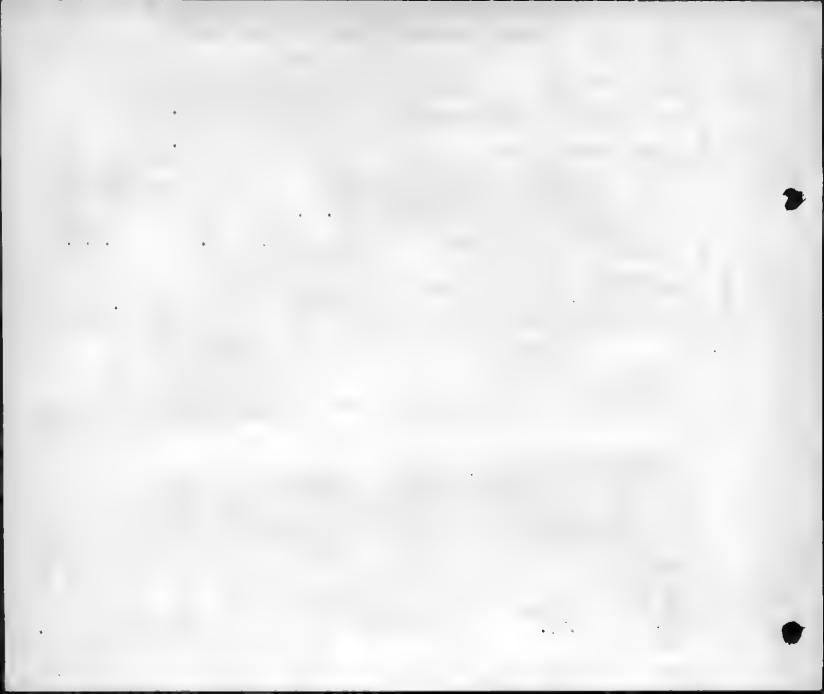
DATE SIGNED

(Stote)

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240. REC'D BY REGISTRAR

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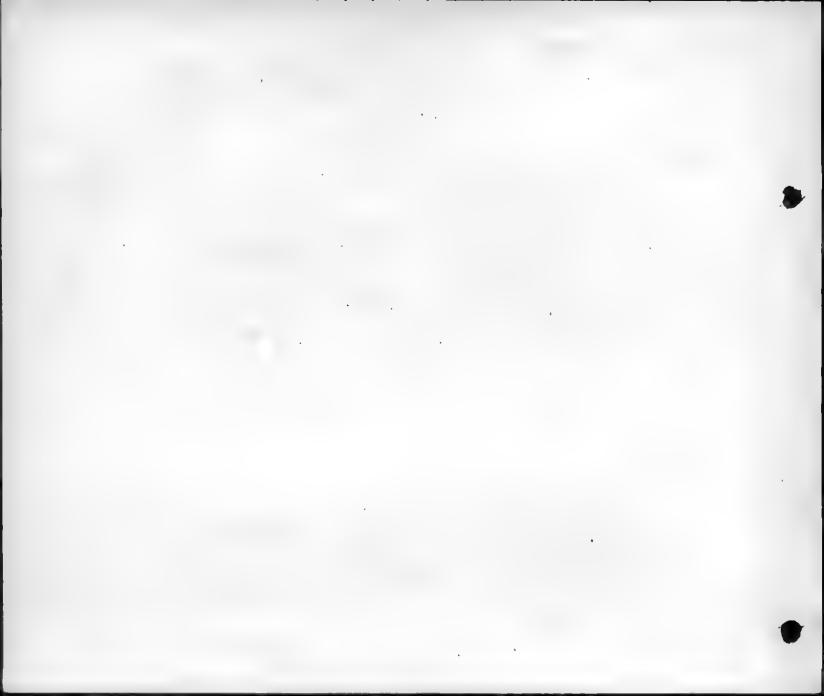


03894

CERTIFICATE OF DEATH

3920	IS OF PERMIT
1. PLACE OF DEATH g. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
WASHING TO M MARYLAND	MARYLAND WASHINGTIN
b CITY OR TOWN (If outside corporate limits, write EURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
BENEVOLA - ROBAL 30VEARS	X BENEVILA - RURAL
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
BOONSBORD MD. R.	DOONSBORD MD. R. I YES [] NO [X
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
(Type or print) C. ALAIZIES M.	SHOEMAKER DEATH MARCH - 9- 1960
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS
MALE WHITE WIDOWED DIVORCED	CILLY -12 -1876 83 yrs. Manths Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF 8USINESS OR INDU- during most of working life, even if retired)	STRY 11. DIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RETIRED EMPLOYER OF STATE ROAD COINMIS	SION NEAR BOONSIBURD WASHICOMOUSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL SHORMAKER	ELIZABETH WO I INCH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (No. 1985, no. or unknown) (If yes, give war or dates of service)	iFORMANT Address
NO. NONE M	RS. HARLAN HUFFER BOCNSBORD MD. R.I
18. CAUSE OF DEATH [Enter only one cause per ine for (a), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	aseller Haraki 346
44.2.2.1 DUE TO	
Conditions, if any, which) (b)	
gave rise to immediate	
lying cause last.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES \(\text{NO} \(\text{NO} \)
	D. (Enter nature of injury in Part I or Part II of item 18)
20a. ACCIDENT WAS UNDERLYING ☐ 20b DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING ☐ CAUSE OF DEATH UP (IF ETHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for Hour a m. While Not while of work at work	ctory, street, office bldg., etc.)
21. I certify that (i) (this haspital) attended the deceased fram:	22 10 1962 to 116 1/2 1/2 1962, that (1) (we) last
	leath accurred at 130AM, fram the causes and an the date stated abave
22a. SIGNATURE	/2 / / 22b. DATE
- Jill Letien	M.D. PHYS MED. STAFF 7960 SIGNED
22c PHYSICIAN'S NAME (Type)	22d. ADDRESS
G. W. Levan	100 715 VICTO +760%
230 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City town, or county) (State)
BURIAL MARCH 12.1960 MANUR CA	EMETIERY NEAR TILGHMANTON WASH. CO. M.D.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
John H. Bast DOONSBORD MD	MAR 1 6 '60 Cuthun S. Thouse

VR A15 (4) 15M 9/59



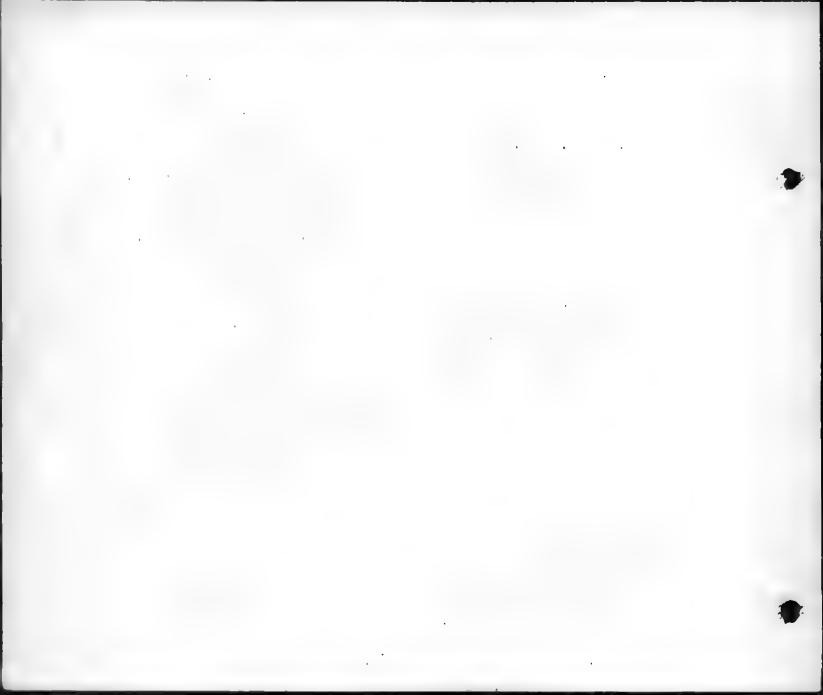
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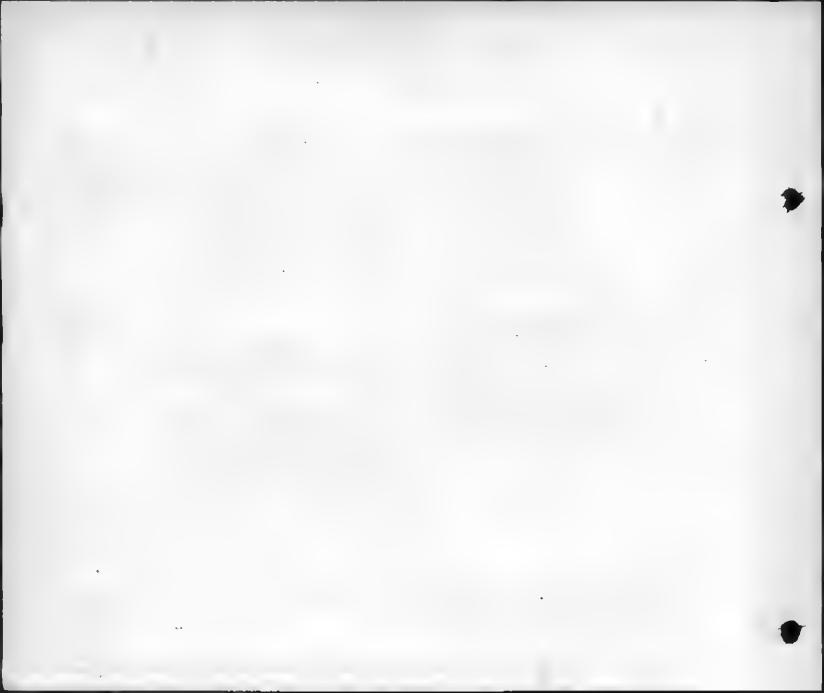
3970	CERTIFICATE	OF DEATH
	1	TEAL DEPENDENCE AND

		397	00	CERTI	FICA	ATE OF L	PEATH			Reg.	Dist. No		
	Shing	ton		MARI	YLAND	2 USUAL RESI	land		Shing		lence befa	re odmiss	ion)
Ь	CITY OR TOWN (If RURAL and give ner	autside corporate limit arest lown)	ts write c Li	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fown) 13 Harriers town									
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Fahrney-Keedy Len. Honie							/d STREET ADDRESS						
3. N D (T	AME OF ECEASED ype or print)	CLArA		Middle IZABET		SLIFER		4. DATE OF DEATH	*	Month roh 1	. 19	20	Year 19
5. SE	Fermle		WIDOWED [•	D 🔲	B. DATE OF BIRT	188	3	9 AGE (In ye lost birthdo	Month	ER 1 YEAR Days	Hours	R 24 HRS. Min
10o	USUAL OCCUPATION during most of works Housewo:	N (Give kind of work on ng life, even if retired) C.K.	ione 10b, KIND	Own do	L'G	STRY 11 BIRTHPL	ACE (Stote of	r foreign co	sh (~	~ 1	U :	SA	OUNTRY?
	Otho S						MAIDEN N						
	NO	IN U. \$ ARMED FOR		None). H	s Ora K	Leyse:	r 623	"ay.	Address	lve		
CATION	Conditions, if an gave rise to in couse (a), stating t lying couse lost. PART II. OTH	mediote (RIBUTING TO DE	ATH BUT	NOT RELATED TO) THETERMIN	NAL DISEASE	COND TION	GIVEN IN P	ART 1(o)	19. WAS A	AJTOPSY RMED? NO
L CERT	ACCIDENT WAS OR CONTRIBUTING IF EITHER, NOTIFY I	CAUSE OF DEATH		HOW INJURY O	20e PL	D. (Enter nature o	Home, form,	20f (City)	(County)		(State)
	Hour a.m., p m. 21. I certis the alive on actual signature PHYSICIAN'S NAME (Type)	19 Gulattended the Gwld 3:Wil	deceased f	Not while at work	foo	ctory, street, office	to M	M, fram	19		last say	v the d	eceased
Ā	BUR AL, CREMATION REMOVAL (Specify)	3/4/60		name of cem			ned	r Til		nton	sh		e)
23. F	Andrew	K. Goffn	en II	ADDRESS	. C	L.	240. REC'D	7 '60		REGISTRAR'S			

TAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with TO H VS A15 (4) 15M 9/58



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
w	1		CERTIFICATE OF DEATH Reg. Dist. No.
I director	1	1.	PLACE OF DEATH COUNTY () (Shing ton) MARYLAND 2. USUAL RESIDENCE (Where deceased lived if instituted Residence before admission) o STATE (C) COUNTY + RANKILIA
e funeral			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest form) 4 WKS REPORTSHE
iurs affe i by the id 2 sho	X		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AND AVE 302 TYRONE ST. e. IS RESIDENCE ON A FARM? YES NO DET OR NAME OF HOSPITAL (If not in hospital, give street address) OR A FARM? YES NO DET
n 24 ho filled ir ges 1 an			NAME OF DECEASED HAIDEE E. SMITH DEATH March 15 Day Year 1960
detely last. Page			SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years list birthday) Months Days Hours Min. WIDOWED DIVORCED 4/15/1886 73 yrs.
and campi bon papers er death.		10c	DUSTAL OCCUPATION (Give kipst of work done 10b. KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (State or foreign country) A COUNTRY TO MAKE COUNTRY? TO MICE TO MAKE COUNTRY? TO MICE TO MAKE COUNTRY?
of can	1	13.	David A. Smith Laura Broyd
清 英語	200	15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (1) yes, give wor or date of service) 18 yes, give wor or date of service) 18 yes, give wor or date of service) 19 yes, give wor or date of service)
eath endi leas thin	rits		18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
the oth Then p	igers		PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Metastatic carcinoma involving liver. ONSET AND DEATH 1 month
ned by rermit.	170		Conditions, if ony, which gave rise to immediate cause (a), stating the under DUE TO
an. an. sit p			lying couse lost. (c)
Jaw ysici beel tran	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The has been a second		FICA	None YES No X
tending ficate the bu		L CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICal at all are at this cert use as ematiar		MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURPED Haur a. m. 19 While Not while at work
By B			21. I certify that I attended the deceased from February 16, 60, ja March 15, 160, that I last saw the deceased
END he he oche buric			alive on March 14 19.60, and that death accurred at 130 4M, from the causes and on the date stated above.
ATT CTO CTO			ACTUAL AC
OR ned of being pring	1		SIGNATURE And Open M.D. 100 Professional Arts Bldg. 3/15/60
PITAL e retoi ERAL 3 shoul gistrar		~~	PHYSICIAN'S NAME (Type) William T. Layman Hagerstown Maryland
Page the re			BURIAL CREMATION, 22b DAJE THEREOF 22c MARTE OF CEMETERY OR CREMATORY 22d, JOGATION (City town/or county) (Stole) FUNERAL DIRECTOR'S SIGNATURE . ADDRESS 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
V5 A15 (4) 15M 10/57		<i>L</i> 3	FUNERAL DIRECTOR'S SIGNATURE (ADDRESS 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE ADDRESS ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE ADDRESS A



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

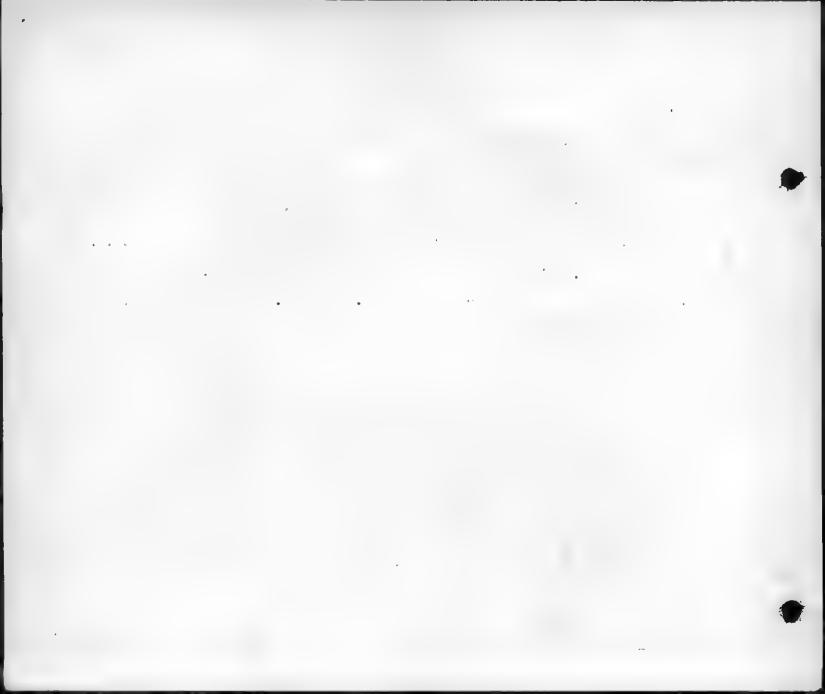
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Hagerstown, M.

4	1. P	LACE OF DEATH	shington		MARYLAND	O STATE	Maryla		lived, If instituti b. COUNTY		e before admission	n)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Life						TOWN (If or		ite limits, write R	URAL and g	ive nearest town)	
	d NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital						address est Wa	shingt	on Stre	et	e. IS RESID ON A F YES	ARM?
		IAME OF DECEASED Type or print)	RICHARD	st	Middle LEE	SMITH		4. DATE	March		Doy Ye 13 19	ar 26 9
4.	5 5	ma le	6 COLOR OR RACE White	7 MARI WIDOW	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRT			AGE (In years lost birthday) Ol yrs		TYEAR IF UNDER	24 HRS Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Machinist Railroad Hagerstown, Matyland U.S.A. 13. FATHER'S NAME											UNTRY?	
	13.		l E. Smith					me_Rar	dall			
	(Yms.	WAS DECEASED EVER		CES? 16	social security no. 17. 05-10-5717 1				Add		Maryland	ì
			TH WAS CAUSED BY, IMMEDIATE CAUSE (o DUE TO y, which b mediate DUE TO	Cer Inte	refor (o) (b), ond (c)] rebral thromb rnal Carotid rurysm intern	surgery	for ar			-4-60	5-7 day	ys ys
	CATION	PART II OTH	ER SIGNIFICANT CON	NO	CONTRIBUTING TO DEATH BU NE	IT NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19 WAS AL PERFOR! YES	MED?
	CERTIFI	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCUR	ED. (Enter noture o	of injury in P	ort For Part	11 of item 18.)			
	MEDICAL	20c TIME OF INJURY Hour o_m p. m.	/ Month, Doy, Yes		NJURY OCCURRED 20e Not while k of work	LACE OF INJURY octory, street, offic	(Home, form, e bldg., etc.	20f (City	or town)	(0	county)	(State)
					ded the deceased fram L2_19_60, and that	death accurre	d at8A	M, fram t	he causes ar			
		22c PHYSICIAN'S NAME (Type)	bert F. K	eadl	e e	M.D. ATTENDIN PHYS 22d ADDR 318 N	ESS	Potom	ac Stre	et, H	agerstov	<u>ان</u> ۷n,
]	REMOVAL (Specify) Burial	3/16/19	60	23c NAME OF CEMETERY Rose Hill Ce			Hager	on (City, fown,		(Stote)	
	24	FUNERAL D RECTOR: Suter - Houz Flanhlii	er Funeral	Home	Hagerstown.	Maryland	A	AAR 1 6		STRAR'S SIG	R FLOUR	

hours ofter death. Page 4 completely filled in by the funeral director, THE BR ATTINDING PHYSICEN: The low requires that the death certificate be exacuted with physicion and ottending þ may cr. retained by the hasp tal or attending physician TO FUNERAL DIRECTOR: After this cert ficate has been signed

VR A1S (4) 15M 9/59



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VS A15 (4) 15M 10/57

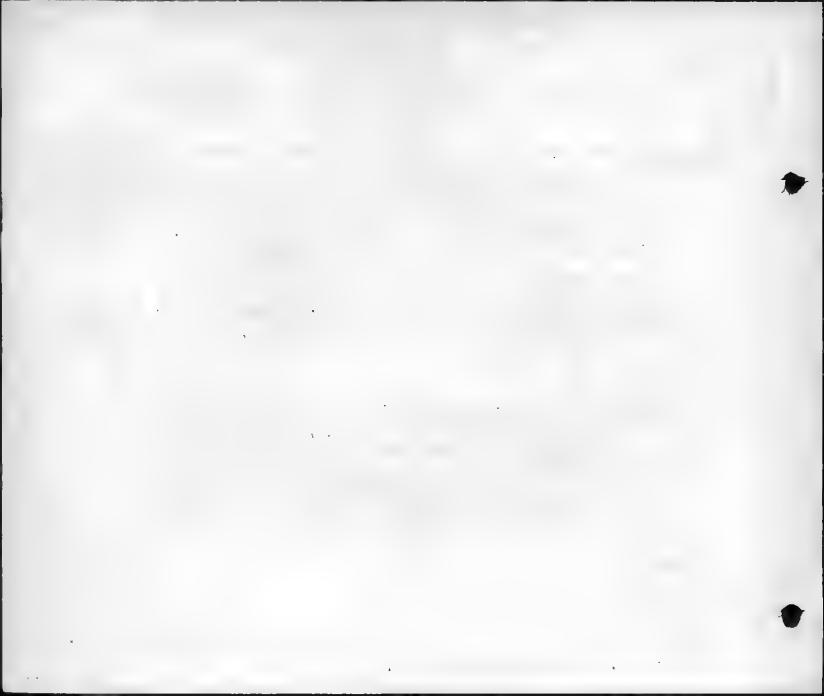
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1	<u></u>		<u> </u>	1			112 01 0		•		Reg. Dis	t. No. 3()2		
)	1.	PLACE OF DEATH					2. USUAL RESIDE	NCE (Wh	ere deceased	eased lived. If institution: Residence before admission)					
	Ι΄	Wash:		MARY	/LAND	o. STATE Marv]	and	107	Washing ton						
			outside corporate limits,	write c	LENGTH OF STAY	IN 16			utside corpor	ote limits, writ	e RURAL ond g	ive nearest to	wn)		
		Hagersto	*		1 We	ek	Hagerstown								
		d NAME OF HOSPITA	NAME OF HOSPITAL (If not in hospital, give street				d. STREET AD	DRESS				e. 15 f	ESIDENCE		
L			ton Co Ho	spit	al	114 F	ast	Anti	etam	ON A FARM					
	3	NAME OF DECEASED	First		Middle		Last		4 DATE	,	Aonih	Day	Yeor		
		(Type or print)	PATRICIA		ANNN		SPICKLE	R	OF DEATH	Mar	ch 27	1960	19		
	5. 5	SEX	6. COLOR OR RACE	MARRIED	KNEVER MARRI	ED 🔲	DATE OF BIRTH			AGE (In yes		TYEAR IF UN			
		Female		VIDOWED	DIVORCED July 15 1928 31 yrs							Doys Hou	rs Mon		
	10a	during most of work	IN (Give kind of wark doing life, even if retired)	ne 10b KII	KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreig			or foreign co	gn country) Md. 12 CITIZEN OF WHAT COUNTR						
/		lousewife		0	wn Home		Clea	r S	pring	Wash	Co	USA			
	13.	FATHER'S NAME					14 MOTHER'S A	AIDEN N	IAME						
	L	Richard Rowland Martha Bartles													
	15 (Yes	WAS DECEASED EVER	R IN U. S. ARMED FORCE	16. 5O	CIAL SECURITY NO	1 _	IFORMANT				Address				
	No 212-24-3266 Robert A. Spickler 114 E. Anthetam 6												m st		
			TH [Enter only one cous	e per line f	ar (o), (b), ond (c)	1	Hagers	own	Md.	, ,	1	INTERVAL	BETWEEN		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULL TOWN THE CAUSE (b) ONSET AND DEATH ONSET AND DEATH										V. A			
		443 × DUE TO										11 /			
		Conditions, if on		44.	le cal	165	July	- R					w 1		
		gove rise to in couse (o), stating t		111	0. 5	~77 A .	0 -	,							
	7	lying couse lost.) (c)_	190	thom?	emo						1 7/1	0 1		
)	CATION	PART II. OTH	ER SIGNIFICANT CONDI	TIONS CON	NING TO DE	ATH BUT I	NOT RELATED TO	HE TERMI	NAL DISEASE	CONDITION	GIVEN IN PART	1(a) 19. W/A	S AUTOPSY EORMED?		
(NO []		
	CERTIFI	20g, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING [] 29 [] CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRI	BEYHOW INJURY O	CCURRED	. (Enter nature of i	njury in f	ort I or Port	II of item 18.)					
	EDICAL	20c. TIME OF INJURY	Month, Doy, Year	20d INJU	RY OCCURRED	20e. PLA	CE OF INJURY (He	me, form	20f. (City	or lown)	(C	ounty)	(State)		
	MED	Hour o.m.	19	While of work	Not while of work	Taci	ory, street, office b	idg., elc.	' .						
		21. I certify the	at I attended the d	leceased	from 9 - 1	7 -1	50, 19	to -	3 27	60 19	that I l	ast saw th	e decensor		
	П	olive on 3	27/60	_19/		death	occurred at	113	AM. from		s and on th				
	Н	1		750	111	1/			ADDRESS (Str	eet, city ar to	yn, state)	- 1	DATE SIGNE		
1	П	ACTUAL SIGNATURE	~us,	///	1-1/1	411_x	1 D	11	TE	MI	16/01	12	1 / 185		
	П	PHYSICIAN'S	AUIS (<u> </u>	(B)	4-11	17	1 /	() ()	2		1	1-4-4-		
		NAME (Type)			1-10 L	1/1	W. 7	1-	7 11 1	<u>Lvil</u>	um,	MOT	1 1		
	220	BURIAL CREMATION	1, 226. DATE THEREOF	2	2c. NAME OF CEM				22d LOCATI	ON (City, tow	n, or county)	(5)	ate)		
	_	surial	3/39/60	R	est Hav	en (emetery			stown		Co Mo			
-		FUNERAL DIRECTOR'S			ADDRESS		2	4o. REC'I	BY REGISTR	1	GISTRAR'S SIG	NATURE			
		ndrew K.	Coffman	Hage	rstown	Md.		ATE	ARR 4	'60	arthur	& Kear			



TAL OR ATTINDING PHYSICIAN: The law requires that the demth certificate be executed with

VS A15 (4) 15M 9/5B

haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3932

CERTIFICATE OF DEATH

Rea. Dist. No.

	1, PLACE OF DEATH	. ,		2. USUAL RESID	ENCE (Where decea	sed lived. If instituti	ion: Residence befor	re admission)
		shington	MARYLAND	Ma	ryland	b. COUNTY	Washing	ton
	b. CITY OR TOWN RURAL and give	(If autside corporate limits, writ		c. CITY OR-TO	DWN (If outside cor	porate limits, write R	URAL and give nea	irest town)
-	Hagersto		7 month	Hage	rstown			
	d. NAME OF HOSP	ITAL (If not in hospital, give stre	et address)	/ d STREET AD				e IS RESIDENCE
1	or institution	emorial Home		1912 V	irginia	Ave.		ON A FARM?
	3. NAME OF		Middle	1)	4. DATE			
	COLUMN TWO	Bessie	Louise	Spreche	0.5	D.T		19 ⁶⁰
	(Type or print)			· · · · · · · · · · · · · · · · · · ·		T	- J-	
	5 SEX		ARRIED 🔀 NEVER MARRIED 🔲	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Days	Hours Min.
	Female_		WED DIVORCED	Jan. 9		76 yrs.		
	10a. JSUAL OCCUPAT	ION (Give kind of work dane It rking life, even if retired)	B. KIND OF BUSINESS OR IND					WHAT COUNTRY?
	Housew		Home	Near	Williams	sport Md	. U.S.	A
Ì	13. FATHER'S NAME	•		14. MOTHER'S				
	Fra	k Snyder			Mar tha	Neikirk		
ŀ	15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT		7 Q 7 Add	eVirgini	in Arro
	(Yes, no, or unknown)	(f ym give wor or dates of service)	None	Mr. Edga	r Sprech	ier de	ATTRITT	Manulani
ŀ			lies for (a)	The state of the s		- Asse	ES LOWIL I	PLAN DETWEEN
-		ATH [Enter only one cause re ATH WAS CAUSED BY:	one tor (o), b), and (c).	1. N.	V	1 t	ONS	RYA DETWEEN
	11.6	IMMEDIATE CAUSE (a)	ce - year	a, 44	X_OXU	gae	104	Lyjay
	420	DUE TO	10					/
	Conditions, if					(<i>/</i>		
	gave rise to couse (a), stating		V			Y		•
	lying couse lost					1		
	PART II O'	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BE	JT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1(0) 1	9 WAS AUTOPSY
7	PART II O'							PERFORMED?
		AS UNDERLYING [206. D	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature of	injury in Port I or P	ort II of item 18.)	-	
	200 ACCIDENT WOR CONTRIBUTION	AS UNDERLYING [206. D G [CAUSE OF DEATH Y MEDICAL EXAMINER]						
			I. INJURY OCCURRED 20e. I	PLACE OF INJURY (H	lame, farm, 20f (C	ity or town)	(County)	(Stote)
	Hour a.m.	Wh	ile Nat while#	octory, street, office	bldg., etc.)		(//	,,
		, ur	vark ot wark	1	31/2	100		
	21. 1 certify_1	hay I attended the dece	osed from 3 124 1	19 19 19	10 V/30	2	,that I last saw	v the deceased
	alive an	120160 19	and that dea	th occurred at	/ / //	4		
	0	a alace	10	/ 1	ADDRESS	(Street, city or town,	, Itolf)	DATE SIGNED
	ACTUAL SIGNATURE_	SOLONG TE	Blue 9.	M.D 1/1	XI. ALLIS	100M	ru.d.	3131161
	BUNGARA LA DA				q, mul	//	, we	10.1
	PHYSICIAN'S NAME (Type)		. ((/		
-	22a. BUR AL CREMATI		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC	ATION (City, town,	or county)	(Stote)
	Burial		_			l1amspor		
	23 FUNERAL DIRECTO	0-1-	ADDRESS /		24a. REC'D BY REG		ISTRAR'S SIGNATUR	RE
	(1/Ken)	Later (1)	Missert	1121		1	Thur & Kenny	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03900 CERTIFICATE OF DEATH Rea Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY Maryland **b** COUNTY MARYLAND Washington Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 Hagerstown Vears Hagerstown d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR NSTITUTION ON A FARM? Washington County Hospital Hamilton Blvd. YES NO TO 4. DATE Middle Month Yeor DECEASED Moffett Jonathan Stoner March (Type or print) 19 60 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH Months Male White WIDOWED | DIVORCED [7] July 15,1893 66 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stock Clerk

North River Vir 12. CITIZEN OF WHAT COUNTRY? U. S. A. North River Virginia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Danile R. Stoner Mary R. Menifee IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address No unknown 214-09-5423 Mrs. Fannie C. Stoner Hag erstown 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Carcinoma nom DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY FICATIO PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port for Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, , 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while of work at wark 21. I certify that I attended the deceased from Opnil 15, 1959, to March 8, 1960, that I last saw the deceased and that death accurred at D M, from the causes and an the date stated above.

ACTUAL

SIGNATURE

100 100 100

Burial

145 W. Washington

Hagerstown

ADDRESS (Street, city or town, stote)

NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify)

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

Rose

Cemetery

22d. LOCATION (City, town, or county)

(Stote)

23 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24a. RECID BY REGISTRAR

24b, REGISTRAR'S SIGNATURE

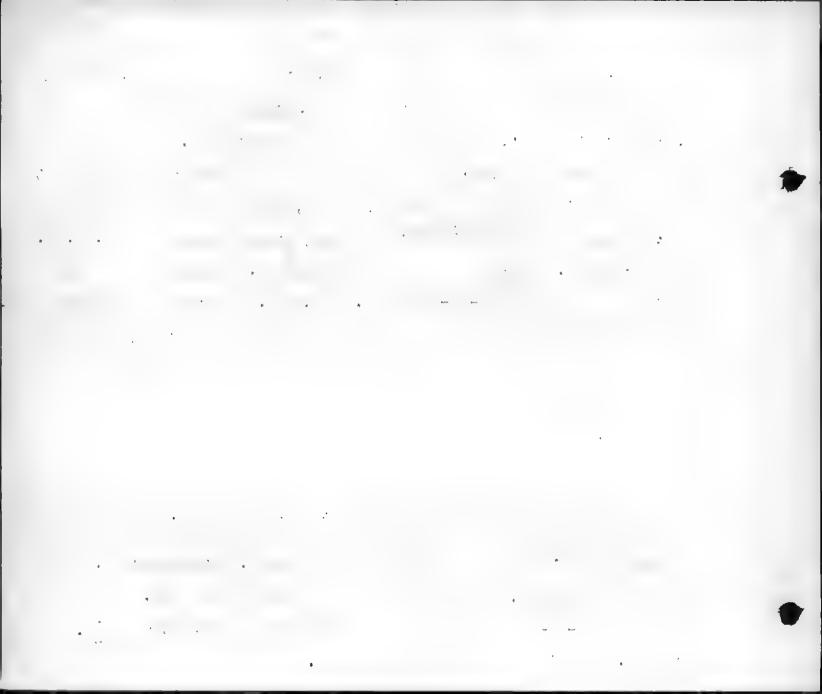
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FUNERAL DIRECTOR:

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Minnich & Son

MA DATE



TAL OR ATTENDING PHYSICIAN: The low requims that the death certificate be executed with

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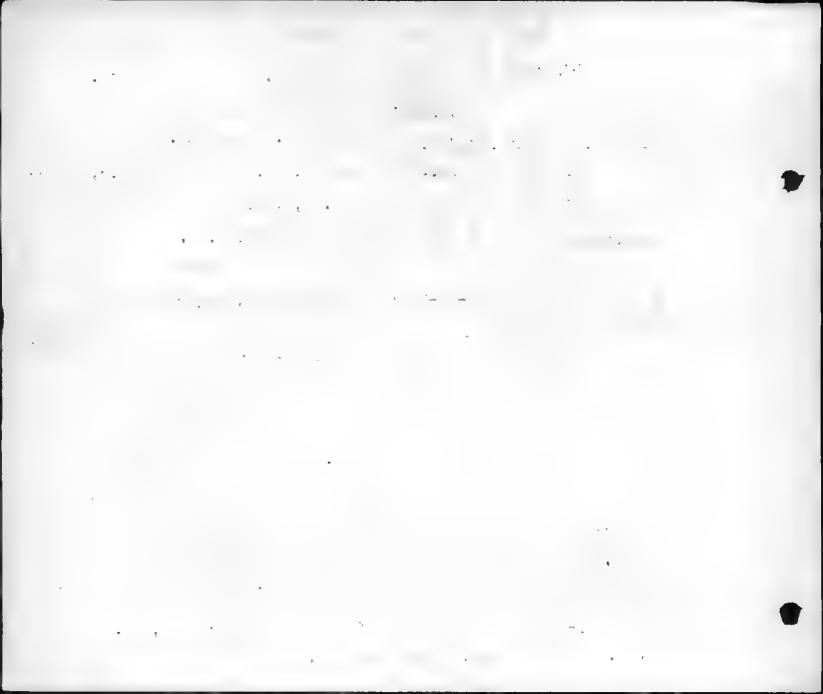
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3934

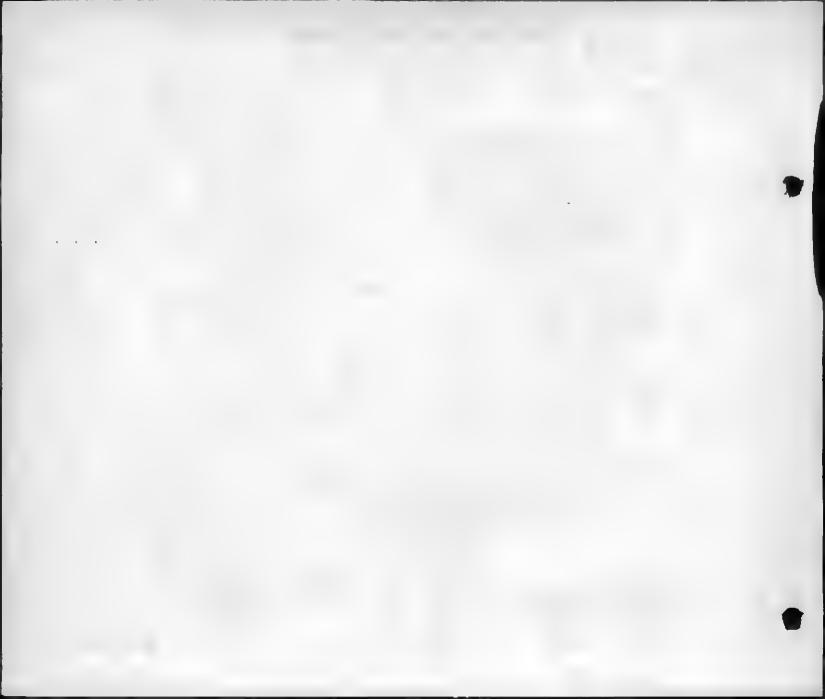
CERTIFICATE OF DEATH

03991

				**					
PLACE OF DEATH O. COUNTY	Washingto	n	MARYLAND	2. USUAL RESIDENC a. STATE	E (Where decease Md •	ed lived. If institu b. COUNT	v	sh.	admission)
b. CITY OR TOWN RURAL and give	(If autside carporate limi	ts, write	c LENGTH OF STAY IN 16	11		orate limits, write	RURAL and	give neare	st town}
Hagers	town		102 years	1 2 2	rstown				
OR INSTITUTION	ITAL (If not in hospitol, g			d. STREET ADDRI		ard St.			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Howard		Lees	Trenton,	4. DATE OF DEATH		arch	16,	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In year			UNDER 24 HRS
male	white	WIDOWE	DIVORCED	Dec. 1,	1908	Jost birthday)		Doys	Haurs Min.
accou	ION (Give kind of work of king life, even if retired ntant	1 -	kind of Business or Indu reraft indu	stry K	eyser,		12.CIT	IZEN OF W	VHAT COUNTRY?
13, FATHER'S NAME	Unknown			14. MOTHER'S MAI		Unknown			
15. WAS DECEASED EV (Yes. no. or unknown)	FR IN U. S. ARMED FOR (If yes, give wor or dates of a		36-03-2423	informant Sarah Tr	enton,		town,	Md.	
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ure	me for (a), (b), and (c).]					ONSET	VAL BETWEEN I AND DEATH
Canditians, if gave rise to couse (a), stating	the <u>under-</u> DUE TO	1	lagen disease	, possibly	periarte	eritis no	dosa	10 3	years +
lying couse lost PART II O PART II O 200. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	, ,,		ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION G	IVEN IN PAR		WAS AUTOPSY PERFORMED? (ES ZA NO]
200. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE\$0	CRIBE HOW INJURY OCCURR	ED. (Enter nature of inju	ory in Part I or Pa	ort II of item 18)			
20c. TIME OF INJU Hour a.m.	10	While		LACE OF INJURY (Home extary, street, office bldg		ty ar tawn)	(County)	(State)
21. I certify to alive on	March 16	deceas 196	ed fram Decemb	er 1950 , to h accurred at 5	:00 PM	the causes a	nd an the	ist saw to date s	the deceased stated above DATE SIGNED
PHYSICIAN'S NAME (Type)	Robert F		adle 318	North Poto	omac St	reet, Ha	gerst	own,	Md.
220. BURIAL, CREMATI REMOVAL (Specify burial	3-19-60		Rest Have	Cemeter		ATION (City, town	,,		(State)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	24a	REC'D BY BEG		SISTRAR'S SI		
Scott F	. Minnich	& S(on. Hagerste	own Md Day		1 00	Chillian	9 4	

VS A15 (4) 15M 9/58





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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 393€

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0:993 Reg. Dist. No.

1. PLACE OF DEATH WASHING	INGTON		MAR	YLAND	2. USUAL RES		there deceas	ed lived. If Institu b. COUNT			fore adm	ission)
b. CITY OR TOWN (If a und give necres) lown)	ulside corporate limits, write	RURAL	c. LENGTH OF STAY	Y IN 1b	1 00		,	oorate limits, write	RURAL a	nd give n	earest ta	ıwn)
HAGERSTOW	1		50 YEARS	S	05 HA	GERST	NWO!					
d. NAME OF HOSPITAL		f not in ho	spitot, give street addre	ess]	J	STREET ADDRESS 1307 J. CHERCH ST					o. IS RESIDER	
3. NAME OF DECEASED (Type or print)	Fin VAL 1. 3		Middle L OYD	T.	POVER		4. DATE OF DEATH	Month)	Day 6		Year 19 60
5. \$EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRI	ED B.	DATE OF BIRTH			9. AGE (In years	1F UNDE	RIYEAR	IF UND	ER 24 HRS
. ALE	TITE	WIDOWE	DIVORCED		3. 5,I	899		61 yrs.	Months	Days	Haurs	Min.
10a. USUAL OCCUPATION during most of warking S14 S12 OF S1A	(Give kind of work of life, even if retired)		KIND OF BUSINESS OF LRCRAFT	RINDUST		ACE (State		ountry)		S.A		COUNTRY
13. FATHER'S NAME JOSEPH TRUMPOWER 14. MOTHER'S MAIDEN NAME CATHERINE ATHERTON												
15. WAS DECEASED EVER	R IN U. S. ARMED FOI		SOCIAL SECURITY NO). 17. IN	FORMANT			Address				
(Yes, no. or unknown)	If yes, give wor or doles of I		14-09-6454	lui-	KS. HERN	ICE 1	RUAPO	HR i	AGERS	TOLD	٠,٠٠)،	
20g. EXTERNAL CAUS	ote cause DUE TO derlying CC R SIGNIFICANT CONI		COLOR LA COL						EN IN PA			AUTOPSY DRMED? NO
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTA											
220. BLRIAL, CREMATION	3/9/60	F	RUST LAV		CREMATORY			TION (City, town, GERSTOVN			(Stat	te)
23. FUNERAL DIRECTOR'S PICED W. LL		AGERS	ADDRESS TUVN, LD.				1 0 '60		STRAR'S S		RE	

VS. A15ME(5) 5M 9/55



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18											
3945 CERTIFICATE OF DEATH Reg. 1	() of りり4 Dist. No.										
1. PLACE OF DEATH O COUNTY WAShington Co. MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution. Resid	dence before odmission)										
b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearest town) 1/2 yrs. Lagers town	0										
d. NAME OF HOSPITAL OF not in hospital, give street oddress) OR INSTITUTION WILLIAMS ANT SANTARILLEM 401 Brown Cine.	e IS RESIDENCE ON A FARM? YES NO										
NAME OF DECEASED (Type or print) NORTH Month OF DEATH Month Month OF DEATH MANCH	29 1960										
MALE White WIDOWED DIVORCED Quy, 28, 1882 1882 Months	S Doys Hours Min										
10a. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. C during most of working life, even if retired)	U.SA.										
Samuel Holmes Tyler. Margaret Lemon W.c.	essner										
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. HAFORMANT Raw Her Address Edwin Milks - 2 no have of services and has Beauty of the services of the service	ux Bld'a toput										
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carcinoma of the rectum	INTERVAY BETWEEN ONSET AND DEATH										
/54X DUE TO Conditions, if ony, which) (b) Carcinomatosis generalized	l vr.										
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)											
PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO X										
OR CONTRIBUTING [CAUSE OF DEATH CITY CONTRIBUTING CAUSE OF DEATH CITY CITY											
20c T-ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at wark at wark at wark at wark at wark at wark.	(County) (State)										
21. I certify that I attended the deceased fram 1949, 19, ta March 29, 1960, that I alive an March 29, 1860, and that death accurred at 932 M, fram the causes and an t											
ACTUAL SIGNATURE M.D 148 West Weshington Str	DATE SIGNED										
PHYSICIAN'S B.B. Kneisley 148 W. Washington St.	Hagentonino										
220 BURIAL CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county REMOVAL (Specify) 2/27/1960 West eyes Compt.											
Burial 3/31/1960 Western Cemetery Baltimore 23 Subservators Signature Address Subservators Funeral Home Address R. Kanalin Aguer Address Hagerstown, Md. Date App 1 '60 Callum	Maryland SIGNATURE										
N. M.											



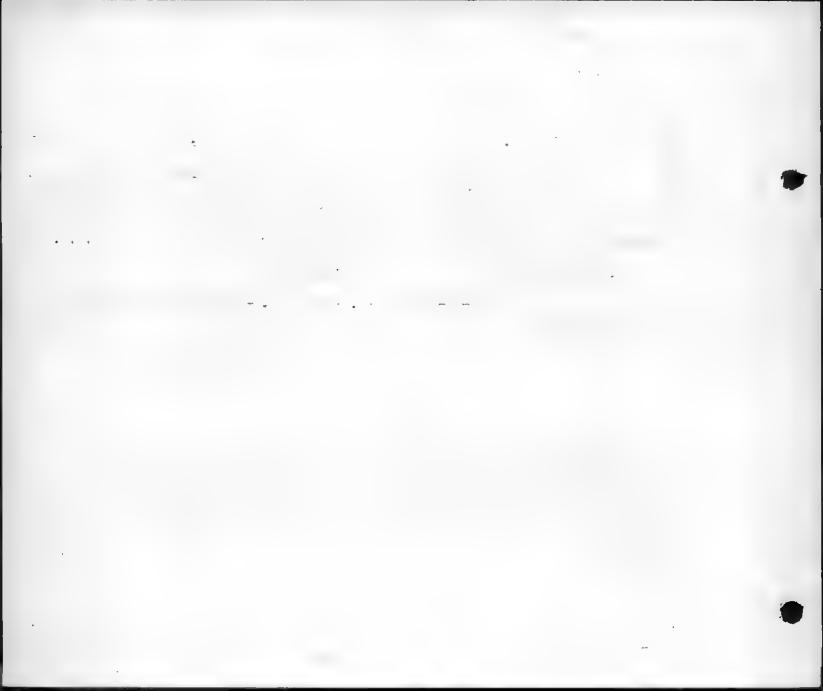
	333 3	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No. 302
PLACE OF DEATH	ashington	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Mary)	b COUN	ution: Residence before admission) ITY Washington
b CITY OR TOWN (RURAL and give of Hagerstow	If autside carparote limit eorest tawn)	ts, write c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporote limits, write Hagerstown	e RURAL and give nearest town)
OR INSTITUTION	AL (If not in hospital, gi		d. STREET ADDRESS	lvania Ave,	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	WILLIAM	Middle DENIS	WALLACE	4. DATE OF MARCH	Nonth Day Year 8 19 60
s. sex male	6. COLOR OR RACE White	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH May 30, 1887	9. AGE (In year lost birthda)	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a USUAL OCCUPATION during most of wor Salesman 13. FATHER'S NAME	ON (Give kind af work d king life, even if retired)	done 10b. KIND OF BUSINESS OR INDI		wn , New Hamp	12. CITIZEN OF WHAT COUNTRY Shire U.S.A.
	ter Wallace		Nancy?	YAMC	
	R IN U. S. ARMED FORG	CES? 16. SOCIAL SECURITY NO. 578-24-7521A	Mrs. Loretta (ddress gerstown. Maryland
Conditions, if of gove rise to couse (o), stoting lying couse lost, PART II. OTI PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	mmediate the under (c) HER SIGNIFICANT CONE CD Proces	generalized as tens de al Diableta de Diableta de Diableta de al Diableta	traphy	Part (or Port II of item 18)	PERFORMED? YES NO
Hour o.m.	at I attended the	While at wark □ Not while at wark □ of work □ deceased fram □ out	27, 1958, to 1	las 8, 196	2, that I last saw the decease and on the date stated abov
PHYSICIAN'S NAME (Type)	Edward	W. Ditto III,17	D Hagers	Howy 1	16
220 BURIAL, CREMATIC REMOVAL (Specify) Burial 22 FUNERAL DIRECTOR SULPRESENTED		Arlington C	emetery 24a. REC		Pennsylvani
R. Fernella		Hagerstown,	Maryland DATE M	AR 1 4 '60 C	arthur S. Thousa

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death

TAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

4 havrs after death. Page 4

0 VS A15 (4) 15M 9/58



D VS A15 (4) 15M 9/58

4 havrs after death. Page 4

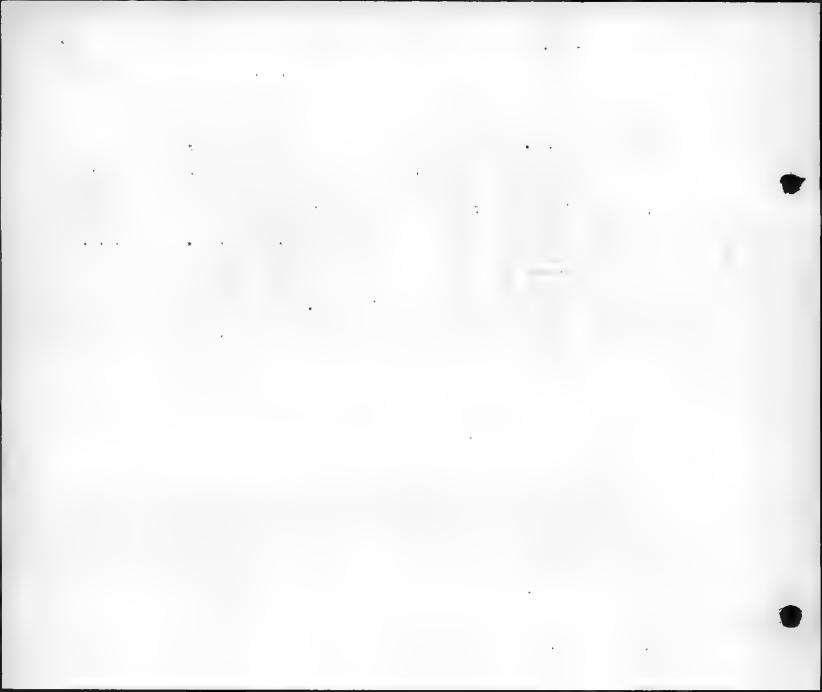
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3938

CERTIFICATE OF DEATH

03996 Reg. Dist. No.

)	1. PLACE OF DEATH o. COUNTY Washi	ngton	MARYLA	ND	o. STATE	ence (who		hved. If institution b COUNTY		before odm	
	b CITY OR TOWN (If outsi RURAL and give nearest Hager stown	de corporate limits, writ tawn)	53 years	1 1b	14		utside corpor Stown	ote limits, write R	URAL ond giv	e nearest to	MD)
7	d. NAME OF HOSPITAL (IF OR INSTITUTION 2208 Virgi		eet oddress)		d. STREET AC		ginia	Ave,		ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	SARAH SARAH	Middle ELTZABET	H	WHTIT I	ngron	4. DATE OF DEATH	March	th	Doy 12	Year 1960
	5. SEX 6 C	OLOR OR RACE 7. M.	ARRIED NEVER MARRIED		B. DATE OF BIRTH		1	9. AGE (In years lost birthdoy)	IF UNDER 1		DER 24 HRS
	Female Y	White wood	OWED DIVORCED		October	28, 1	866	93 yrs.	Months D	oys Hour	s Min.
1	100. USUAL OCCUPATION (Giduring most of working life Housewife 13. FATHER'S NAME	ive kind of work done life, even if retired)	Ob KIND OF BUSINESS OR	INDUS	near	Shank	cstown	untry) • Md•		B.A.	COUNTRY?
1	Danie	el Shaw				Sara	h Holi	nes			
	15. WAS DECEASED EVER IN L [Yes, no, or unknown) [If yes, t	J. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	III	IFORMANT			Add	ress		
	no		none	Wi	lliam E.	Whit	tingt	on Hage	rstown	, Mary	land
	Conditions, if any, we gave rise to immed couse (a), stoting the urlying couse lost.	hich (b) (b) DUE TO	rterioscler				41-11-26-2			ONSET AN	abs_
1	CATIC	No	IS CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THETERMIN	NAL DISEASE	CONDITION G V	'EN IN PART 1	PERI	ORMED?
	200. ACCIDENT WAS UNI OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	DERLYING [] 20b. DAUSE OF DEATH CAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED	(Enter nature of	injury in P	ort I ar Port	II of item 18)			
	20c. TIME OF INJURY Mo Haur a. m., p. m.	Wh		0e PLA foc	CE OF INJURY (H tory, street, office	lome, form, bldg., etc.)	20f. (City	or town)	(Co	unty)	(State)
	21. I certify that I olive on MAPC! ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	1 12,	osed from arc 60 and that d		accurred of) Noi gerst	M, from the position of the Po	he causes on eet, city or town, otomac Maryla	stole)	date state	ed obove. ATE SIGNED
į	REMOVAL (Specify)	2b. DATE THEREOF	22c. NAME OF CEMETI	0				ON (City, town,			ote)
	Burial	3/15/1960	Rose Hill	en	etery			erstown		Maryla	nd
	23 FUNERAL PRETIONS I'M	Funeral Hom	e ADDRESS	Ma			BY REGISTE		STRAR'S SIGN	IATURE .	



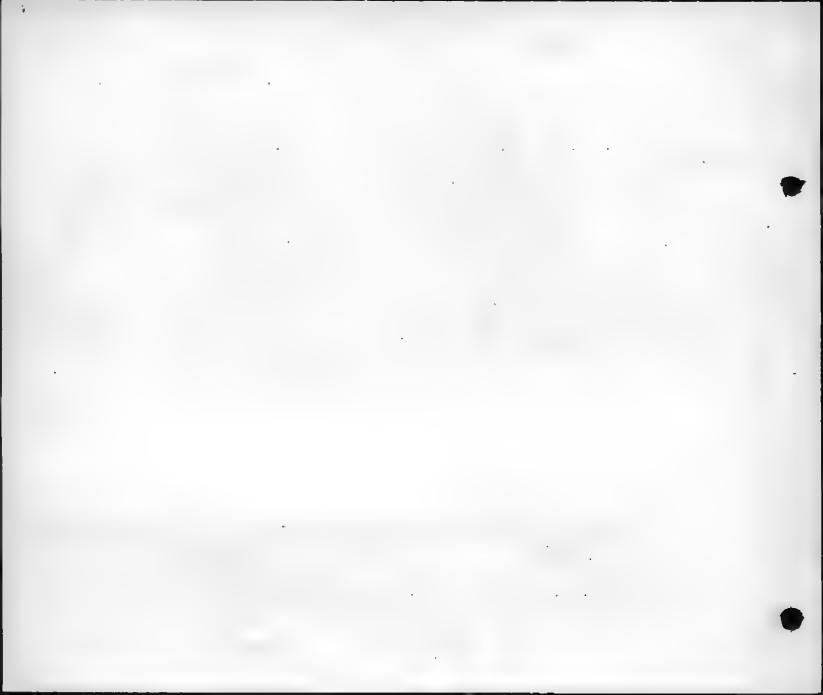
X

TENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after death. Finge 4 if the illospital ar attending plysician.

OR: After this certificate has been signed by the ottending physician and campletely fulled in by the funeral director, etached for use as the burial-transit permit. Then please remove carbon papers. Eagen 1 and 2 shauld be filled with tealth prior to burial, crematian, or remayal, and in any event. the State Board

TO PITAL OR ATTE	may be retained by th	TO FUNERAL DIRECTOR	page 3 should be deto	At . Ca to Day and all these
		15 i 9/5		

1, PLACE OF DEATH a. COUNTY			LAND 2	USUAL RESID				nstitutio	on Residen	ce befo	re admiss	ar)	
	Washingto					Md.				Wa			
b. CITY OR TOWN (If RURAL and give nea	outside corporate limi rest fown)	ts, write	c LENGTH OF STAY	IN 16	c CITY OR T	OWN (If o	utside carpo	orate limits, v	write Ri	URAL ond	give ned	rest fown	:)
Hagers	town		34 YEARS		63 Hagerstown								
d. NAME OF HOSPITA	L (If nat in haspital, g	ive street	address)		/d. STREET A	DDRESS						e. IS RES	IDENCE FARM?
	Mulherry	St.,			63	30 N.	Mulbe	erry S	t.,				NOVE
3 NAME OF DECEASED	Fig	st	Middle		Lasi		4. DATE OF		Mon	th	Da	у	Year
(Type or print)	Tohn	1	Edward	V	illing!	am	DEATH		3		3.7	7	19 60
5 SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	3	DATE OF BIRTH		-	9 AGE (In		IF UNDER		IF UND	R 24 HRS
male	white	WIDOW	ED N DIVORCE		12-20-1	873		last birtl	yes	Months	Days	Haurs	Min
10a. USJAL OCCUPATION during mast of working	(Give kind of work	dans 10b	KIND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPL	ACE (State	ar foreign o	country)		12. CIT	ZENOI	WHAT	OUNTRY?
T.AC A	ng life, even if refired	马是	O RATLROAD		*रा 	VA.				,	USA		
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME				UDZE		
CUARLES F.	CYARLES F. WILLIAMSHAM ANTIV. MARRITS												
15 WAS DECEASED EVER			SOCIAL SECURITY NO	17, INFO	RMANT				Add	ress			
(Yes, no or unknown) (H	yes, give wor or dates of t	arvice)	20-09-71	रवे ु एन्।	N F. WI	LLING	FAI	432	لب ``	SION	,.ID		
18. CAUSE OF DEAT	H Enter anly one co	use per li	ne far (a), (b), and (c).	1	· .						, INT	ERVAL BE	TWEEN
											ON9	FT AND	DEATH
1/00	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema 48 hr.												
1400												1 7750	
Ganditions, of any, which (b) Arteriosclerotic heart disease										110) yr	•	
cause (a), stating the under-													
1ying couse last. (c)													
PART II OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO	THE TERM!	INAL DISEAS	SE CONDITIO	ON GIV	EN IN PAR	T 1(0) 1	9 WAS PERFO	AUTOPSY RMED?
13												YES	
PART II OTHI	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED	Enter nature a	finjury in l	Port I ar Pa	rt II af item	18)				
		gr 20d I	NJURY OCCURRED	20e. PLACI	OF INJURY (I	Hame, farm	20E (C)	v or town)			County)		(State)
20c. TIME OF INJURY Haur a.m.	10	While	Nat while		y, street, affice			,,		,	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	17		k ot wark	17-	1. 7.0		40	anala	7 /	3 6	0		
21 certify that	(I) (this haspita	l) attend	ded the deceased	from 3	ren 10	2-2/8	OU, to	iarch		, 19_	, th	ot (I) (we) last
saw the decegat	d aliye on Fif	rch	1519 60 and	that dec	ith accurred	an ZUI	M, from	the caus	es an	d on the	e date	stated	abave.
22a SIGNATURE	11.	1										22	b. DATE
	NUM	ers	2	M.I	ATTENDING PHYS	Z M	ED Rector [STAFF PHYS []			3/1	8760
22c PHYSICIAN S NAME (Type)	8				22d. ADDRE	SS 7	48 We	est W	ngr	ingt	on	Str	eet
TRAME (Type)	B. E. Fr	neis.	Ley, M.D.		Hager	stou	n, l	ryla	nd				
23a BUR AL, CREMATION	236 DATE THERE	OF TO	23c NAME OF CEM	ETERY OR C	REMATORY		23d 1OCA	ATION (City,	lown	ar county)		(Stat	le)
REMOVAL (Specify)	3/19/19		II. See				iAG a	KS fu l.	,hI				
24. FUNERAL DIRECTOR'S			ADDRESS			25a REC	DAY REGIS	TRAR 256	, REGI	STRAR'S 51	GNAJU	RE	
FRED W. KRA		GERS 1	OWN, ND.			DATE	MAK 2 1	60	Ć	Irilms,	8. 1h	aug	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

3940

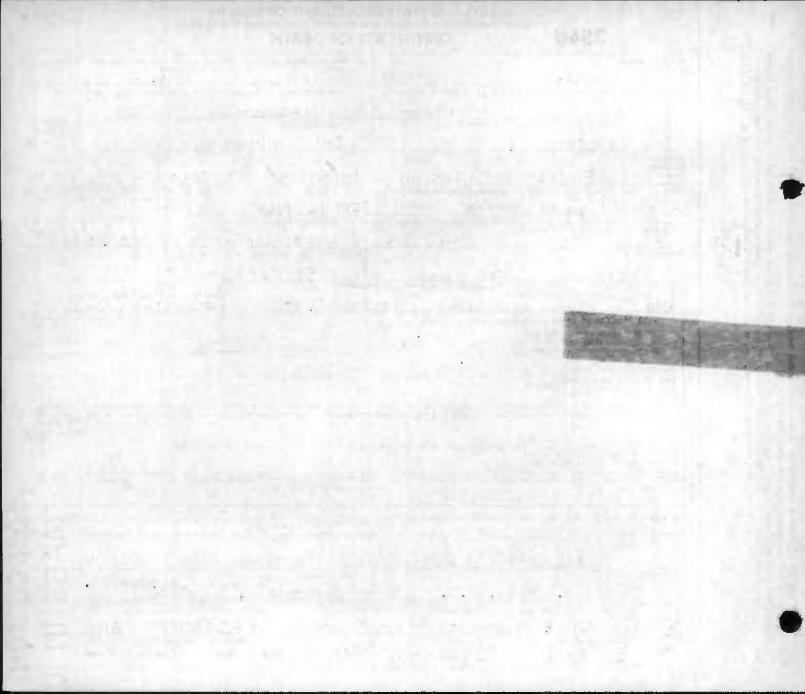
CER	TIFICATE	OF DEA	Γŧ
		- 4 100- 1000	-

00.20		L OI DEATH			
1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	b	If institution: Residence COUNTY WASHLY	
	OF STAY IN 16			its, write RURAL and g	
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	EARS	d. STREET ADDRESS	ERSTOWN		8. IS RESIDENCE ON A FARM?
864 MOLBERRY AVE		864 1	NULBERR	YAVE	YES NO
3. NAME OF DECEASED (Type or print) FM MA VIIZ	Middle CHLNIA -	MINDERS	4. DATE OF DEATH	NAMONTH - G	Doy Year 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVI	ER MARRIED B	L DATE OF BIRTH	9. AGI	(In years IF UNDER birthday) Manths	YEAR IF UNDER 24 HRS Days Hours Min.
FEMALE WHITE WIDOWED		SEPT. 12.18	65 9	4 yrs.	
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BU during mast of warking life, even if retired)	ISINESS OR INDUST	TRY 11. BIRTHPLACE (Stot	-		ZEN OF WHAT COUNTRY
HOUSE WIFE OU	in Howe	14. MOTHER'S MAIDEN	1 4 1	D. Co. MD.	Y.S.A.
0		E1 1	7 . 17 177-61	0 - 0	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC		FORMANT	ADEIG	4 MULBERI	
(Yes, no, or unknown) (If yes, give war or dates of service)	TVIIS	S.MAY WINDE	RS - HAC	+ MULBERI	ZYAYE MO.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b)		1 1/4	h 0		INTERVAL BETWEEN
IMMEDIATE CAUSE (o)	e 17114/	/ Clu ex.	ninge		10 days
Conditions, if any, which	vin sel	Dreses			
gove rise to immediate	v 00 - 01	20,03			
(c)		7			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	IG TO DEATH BUT I	NOT RELATED TO THE TERA	MINAL DISEASE CON	DITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	INJURY OCCURRED	. (Enter nature of injury in	Port I ar Part II af i	tem 18.)	
70c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCU Hour a.m. While Not will at work of work of work	hile fact	CE OF INJURY (Home, for ory, street, office bldg., e		rn) (C	aunty) (State
21. I certify that (I) (this haspital) attended the desay the deceased alive on $3/2/60$ 19		2/23/60 - 1 eath accurred at \$2			_, that (I) (we) las
22a. SIGNATURE ROYAL NO	A 11:11	ATTENDING	MED. STA	FF	226. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Howard N. Weeks, M.D.		Hagerst	36 North	Potomac	St.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAMI	E OF CEMETERY OR			City, tawn, ar county)	(State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRE		250 REG		25b. REGISTRAR'S SIG	1.0
John D. Wash Door	VSBARA	(XI) DATE M	AR 9 '60	arthur S.	Fleans

DOONSBORD

attending physician and completely filled in by the funeral director, n please remave control of the standard of the with 24 haurs after death. Page 4 WEEKS · 50. rs after death. co-tron copers. If ath certificate be executed w Then please remave event, and in any by the page 3 shauld be detached far use as the burial-transit permit the State Baard of Health priar ta burial, crematian, or remaval, SPITAL OR ATTENDING PHYSICIAN: The law requires TO FUNERAL DIRECTOR: After this certificate has been signed de retained by the haspital ar attending physician.

VR A1S [4] 1SM 9/S9



VS A15 (4) 15M 10/57

08

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3941

CERTIFICATE OF DEATH

03909 Reg. Dist. No. 302

F	DIACE OF DEATH O. COUNTY Washing	orton		MAR	YLAND	2. USUAL RESIDE	land		ashing		before adm	nission)
		outside corporate limit prest town)	s, write	LENGTH OF STAY			DWN (If or	utside corporo	te limits, write RI		re nearest to	own)
1	d. NAME OF HOSPITA	nty wospital gi			<u> </u>	d. STREET AC	DRESS	lberr	v St		10	RESIDENCE N A FARM?
3	NAME OF DECEASED (Type or print)	Firs		MA Y	•	ZITTLE		4. DATE OF DEATH	March		Day .960	Yeor
5.	. SEX			D NEVER MARR		B. DATE OF BIRTH	17.00	9	AGE (In years lost birthdoy)	IF UNDER T		NDER 24 HRS.
	Knitter 3. FATHER'S NAME	19242 00	Ho	ND OF BUSINESS		Hage:	rs to	wn Wa	sh Co		USA	IAT COUNTRY?
	. WAS DECEASED EVER		CES? 16. 50	OCIAL SECURITY NO		iss Pegi			Add	Mul	berry	r St
NOITA DISTORT	Conditions, if on gove rise to in couse (c), stoting to lying couse lost.	er significant cont	ortions co	Acres of the North Acres of the	us.		U)) THE TERMIN	DISI"		(PER	43
MEDICAL			While	Not while	20e. PL	ACE OF INJURY IH	ome, form, bldg., etc.	20f. (City o	or town)	(Co	unty)	(Stole)
	alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	J. D. Wil	s. 19.6	and tha		M.D 135 Nort	10:15	DM, from	the Causes on the city or town.	gerst	date standard $\frac{3}{2}$	DATE SIGNED
	20. BURIAL, CREMATION REMOVAL (Specify) Burial	3/22/60		22c. NAME OF CEN		emetery		Hage	ON (City, town, o	Wash	Go M	itote)
2.	andrew K.		Hage	ADDRESS+	Md.			2 3 '60		TRAR'S SIGN		

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